

DENTAL CARE SEEKING BEHAVIOUR AMONG PATIENTS OF A TERTIARY CARE SETTING

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ABSTRACT

The aim of this study was to assess the dental health care seeking behavior among patients visiting the dental clinics of a tertiary care hospital in Karachi, Pakistan. A questionnaire based study was done by distributing questionnaires to 126 adult patients visiting the outpatient dental clinics of the Aga Khan University and Hospital. The questionnaire inquired about reasons for visiting dentist, frequency of visits, reason for current visit and knowledge about dental health seeking behavior. Data Analysis was done using SPSS version 21 to assess the responses of patients regarding their awareness, attitudes and practices towards dental health care seeking. Nearly half of the patients (57%) last visited a dentist within past one year, 3% never went to a dentist before. Majority (35%) presented with toothache. A significant proportion of patients (71%) informed that they visit a dentist only when a problem arises. Significant variation was found among patients regarding awareness of frequency and importance of seeking regular dental care. Poor awareness, attitudes and behavior was noted among patients visiting the dental clinics of tertiary care setting in Pakistan This poor behavior seems to be a regional pattern in south east Asia.

Key Words: dental healthcare, oral health education, knowledge, attitudes, tertiary care, health care seeking behavior

INTRODUCTION

The aim of routine dental visits is prevention and early detection and treatment of oral diseases. This frequency is necessary for maintenance of oral health. This frequency is based on individual needs. More frequent visits may be necessary for patients at increased risk of oral diseases. American academy of pediatric dentistry recommends oral examination of infants within 6 months of eruption of first tooth, i.e around 12 months. Recommended recall visits for children is 6 monthly after age three. Adults should get their prophylaxis done at six months interval, suggested clinical examination for carious lesions is yearly in cases of arrested lesions or no lesions, and 3 monthly in case of incipient and cavitated lesions.¹

Data from 1979-1993 collected from private practitioners in USA showed that there was an increase in the dental care utilization with increase in number of oral examinations and prophylaxis, decrease in number of operative procedures. They also found out that

there was an increase in the time spent by practitioners performing diagnostic and preventive procedures.² A study done on 559 elderly and 398 middle aged patients to assess dental care seeking behaviour, showed that 43% of middle aged visited a dentist within past year as compared 23% of elderly patients.³ Another study done on Japanese employees showed that 76% of study sample delayed dental visit until they had toothache.⁴

Locally, papers published on the topic seem to suggest a poor attitude and behavior towards seeking dental health care. Ali et al reported poor resources as main barrier.⁵ While Ahmed et al identified financial reasons as main barrier.⁶ Another paper identified lack of oral health literacy as main factor.⁷ Similar results were reported from a study conducted in Islamabad.⁸ A study from Karachi reported that 62% of their respondents visited dentist only when there was a problem.⁹ While a study conducted in a teaching hospital OPD reported low socio economic status and literacy level as main barriers for seeking oral health.¹⁰ All of these studies focus on barriers towards seeking oral health in either teaching hospitals or under-privileged locations. However the actual behavior for seeking dental care has not been studied in a major tertiary care hospital. Therefore, this study was conducted to assess the dental health care seeking behavior among patients visiting the dental clinics of a tertiary care hospital in Karachi, Pakistan.

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METHODOLOGY

A questionnaire based survey was conducted in the outpatient dental clinic of Aga Khan University Hospital. A total of 126 patients were included by convenience sampling method. It was done over a period of 10 days using close ended questionnaires as a dental collection tool. All adult Patients registering as new (initial) patients (last visit more than one year back), those visiting for procedure visit after at least a six month interval were included. Patients of less than 18 years age, those visiting for repeat procedure visits within last six months, and patients visiting executive dental clinics were excluded.

Briefly the questionnaire included following sections. Demographics, chief complaint, information about last visit a dentist, whether it was first visit to AKU dental clinic, information about visiting a dentist outside AKU, frequency of dental visits and mode of payment of dental treatment.

Statistical Analysis

Data analysis was done using SPSS version 21. Descriptive statistics were used for computing frequencies and percentages.

RESULTS

The basic demographic details of study participants is presented in table no 1. Majority of patients (35%) presented with chief complaint of toothache. (Fig no 1). Majority (40%) were visiting after more than a year of their last visit. While for almost half of the patients' this was their first visit of this tertiary care hospital, one third (32%) visited AKUH exclusively. For majority (71%), a dental visit was done only if there was a problem. Figure no 2 describes the knowledge of respondents about frequency of dental visit. Majority (32% and 40%) believed that one should visit a dentist after every 6 month to 1 year regardless on facing a problem. Figure no 3 describes the frequency of scaling and polishing procedure. Majority of the respondents (56%) claimed that their dentist explained to them the importance of regular checkups. Similarly, majority (82%) paid for their own treatment. Figure no 4 describes the reasons for current appointments of study participants.

DISCUSSION

Results from a survey conducted in a major tertiary care hospital of the city are presented. The hospital is considered to provide best possible standard of care to its patients.¹¹ However the cost of treatment may preclude most of population from receiving care from its OPD. It may therefore be assumed that the patients attending the OPD of this hospital belong to high socio-economic status. Although this fact may need to be

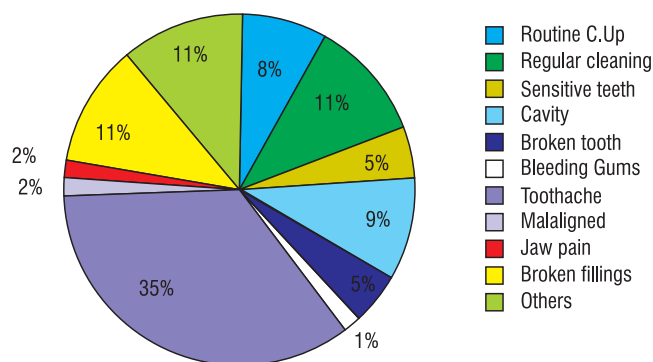


Fig 1: Chief complaint of the patients

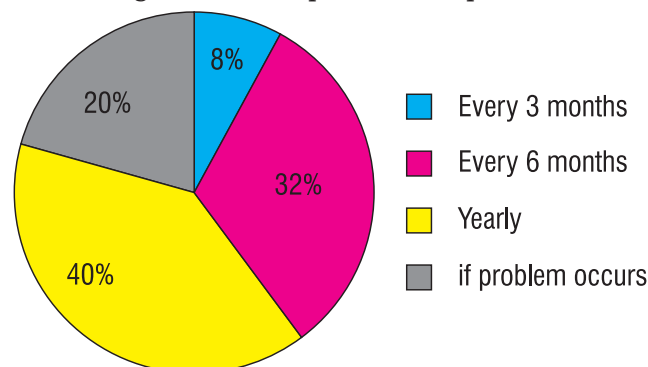


Fig 2: How often should one visit a dentist

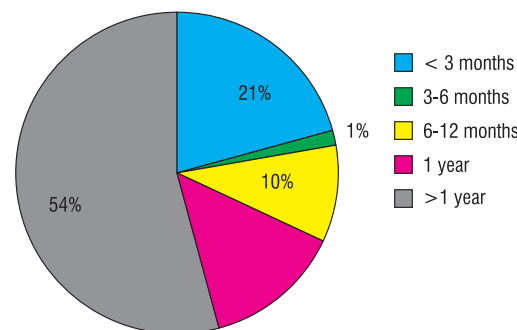


Fig 3: When was last scaling and polishing performed

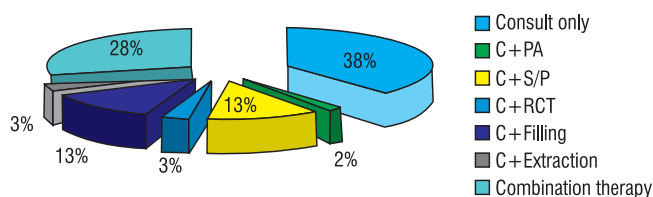


Fig 4: Type of procedure

validated from future studies, the fact that 82% patient in the present survey self-funded their treatment and rest had their treatment covered by their employers gives some credence to this belief.

In this found majority of the respondents were found to be non-regular in visiting the dental practitioner. However 35% of our respondents were regular with their recall appointments and only 3% were visiting

TABLE 1: BASIC DEMOGRAPHIC DATA

		Mean (range)	SD
Age		41 years (17-84)	14.3
		Frequency	Percentage
Gender	Males	56	44.4
	Females	70	55.6
Residence	FB Area	11	9
	Gulshan-e-Iqbal	21	17
	North Nazimabad	13	10
	DHA	31	24
	PECHS	10	8
	Garden	14	11
	Others	26	21
	Occupation	House Wife	44
	Businessman	14	11
	Retired	9	7
	Doctor	10	8
	Student	8	6
	Company Employee	14	11
	Others	27	22
Nationality	Pakistani	104	82.5
	American	14	11.1
	Middle East	4	3.2
	Afghan	4	3.2

the dentist for the first time in their life. These results are in contrast to that reported by Waseem et al.¹⁰ They reported 34% of tier sample to be first time visitors. Similarly another study from a teaching hospital reported similar trend.⁹ Possible reason for difference in results may be due to better access of our respondents to dental care due to a better socio-economic status. It has been reported in literature that societies with better socio-economic status may have better access to health care.¹²

For majority (71%), a dental visit was done only if there was a problem. Similar results were reported by Khamuani et al who reported that 62% of their respondents visited dentist only if there was a problem.⁹ However these results are surprising for us given the profile of patients visiting the AKUH. Another study from Jodhpur India reported that 50% of their respondents visited dental practitioner only if in pain.¹³ Another study reported better health seeking behavior from southern welfare states of Europe.¹⁴ It therefore, seems possible that poor health seeking behavior is a regional pattern in south east Asia.

Various factors affect dental care seeking behavior. Gender is perhaps a well known factor. Females are most frequent visitors. Other factors include income level, dental anxiety and dental insurance and benefits.¹⁵ In our findings, females were more frequent than males. We did not report on dental anxiety and access to insurance. However, since as explained earlier most of our respondents belonged to high income group, poor health seeking behavior cannot be related with it. It seems like a cultural norm in south east Asia to seek health care only if there is a problem. This also explains the trend of late presentation of most of the diseases in the region.^{16, 17}

Limitation of our study include convenience sampling method, selection bias and significant recall bias. Future studies should be done with keeping in mind our limitations and should incorporate questions about education level, income and oral hygiene practices.

CONCLUSION

Poor awareness, attitudes and behavior was noted among patients visiting the dental clinics of tertiary

care setting in Pakistan. This poor behavior seems to be a regional pattern in south east Asia.

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Main investigator, Idea of study, Write up, Data collection.
 Write up, plagiarism analysis.
 Critical Review.