

Utilisation of Dental Services Among Patients in a Tertiary Health Institution in Nigeria

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ABSTRACT

Aim: The aim of this study was to evaluate utilisation of dental services among patients and investigate the reasons for failure to receive treatment.

Materials and methods: Self-administered questionnaire was used to obtain information on demography, treatment obtained and reason for failure to receive treatment among patients attending a tertiary health institution.

Results: Two hundred and eighty-eight (73.8%) out of the 390 recruited for the study received treatment for their dental complaints and more than half of this (54.9%) had extraction done. Most of the patients 37.4% visited either for pain or because they wanted their teeth removed (25.8%). Time wasting (43.1%) was given as the major reason for failure to receive treatment.

Conclusion: This study revealed that the study population has poor attitude towards oral health, visit dental hospital when in pain and time wasting in the dental clinic was the major reason for not receiving treatment.

Keywords: Dental treatment, Dental visit, Proportion, Utilisation

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INTRODUCTION

Adequate access to medical and dental care can reduce premature morbidity and mortality, preserve function, and enhance overall quality of life (1). Demand for dental care reflects people's want or desire to receive dental care for their perceived dental needs and willingness to pay. Utilisation is expressed through the use of dental services and hence can be measured in dental visits made and services received in a specified period (2). Studies involving the assessment of the utilisation of service serve as an important tool for oral health policy decision-making and an important parameter in the planning of oral health care (3,4). The assessment of Utilisation of dental services provides information on percentage of persons visiting a dentist, the reasons for the visits and the type of treatment received and the provider of the treatment (2).

Regular visit to the dentist is not a well established tradition in developing countries as dental visits are often motivated by pain and need for emergency care (5). A number of reasons have been given for low dental care utilization in developing countries, these ranged from low level of perceived need for dental services to limited availability of dental care (5).

Dental care utilization can be defined as the percentage of the population who access dental services over a specified period of time (6). Several studies have been done to determine demand and utilisation of dental care in the general population among different races, age, gender, income groups and factors that influence utilisation of dental care and services (4, 6, 7). These studies are retrospective cross-sectional ones and assessed dental care utilization by asking questions such as: Have you ever been to a

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J Oral Health Comm Dent 2013;7(2)91-94

dentist? When last did you visit a dentist? How often do you visit a dentist? What was done for you? None of these studies have looked at the proportion of patients who actually receive treatment upon visit to the dental hospital. It is important to note that visit or access to a dental hospital does not necessarily translate to receipt of treatment. Therefore the purpose of this study was to determine proportion of patients that obtain dental treatment upon visit to dental clinic and investigate the reasons for failure to receive treatment. This will be useful in planning and implementing hospital based oral health services.

MATERIALS AND METHODS

The study was prospective clinic based study. All consecutive consenting patients attending the oral diagnosis unit of the University of Benin Teaching hospital for the first time were recruited over a period of 6 months for the study. The University of Benin Teaching hospital is a tertiary health institution, besides providing services to the general public; it has a large attendance from the University community. Self-administered questionnaire was used to obtain information on demography, reason for visit, treatment obtained and reason for failure to receive treatment. The

questionnaires were interview-administered in patients who had difficulty reading. Informed consent was obtained from participants before the commencement of the study and ethical approval was obtained from University of Benin Teaching Hospital Ethics Committee. Patients with facial tumour, maxillofacial trauma and those seen in Paediatric dental clinic were excluded from the study.

Data analysis was done using Statistical Package for Social Science (SPSS version 15.0). Pearson Chi Square test was used and critical level set at 5%. Probability (P-value) of less than 0.05 was regarded as significant.

RESULTS

Three hundred and ninety (390) patients participated in the study. Most of the respondents (33.8%) were within the 25-34 age groups and majority (50.8%) had tertiary education. There were more females (61.8%) involved in the study (Table 1).

Most of the patients (Table 2) visited either for pain (37.4%) or because they wanted their teeth removed (25.8%).

About three-quarter (73.8%) of the patients received treatment for their dental complaints and more than half of this (54.9%) had extraction done (Table 3).

Among those who did not receive treatment, time wasting (43.1%) and having other things to do with money (31.4%) were the major reasons given for not receiving treatment. This is shown in Figure 1.

DISCUSSION

The study gives an insight into utilisation of dental services among hospital patients. It is expected that results obtained from this study will give more valuable information on dental utilisation since data were collected from patients in the dental clinic rather than those self-reported by the study population. Self-reported data are less accurate than data collected by observation or by dental record abstraction (3).

Table1: Demographic Characteristics of Respondents

Characteristics	Frequency of Respondents	
	N	%
Age (Years)		
16-24	84	21.5
25-34	132	33.8
35-44	86	22.1
45-54	58	14.9
55-64	17	4.4
65 above		
Sex		
Male	149	38.2
Female	241	61.8
Educational Status		
No formal education	59	15.1
Primary	45	11.5
Secondary	88	22.6
Tertiary	198	50.8

Table 2: Patients Reasons for Visiting a Dentist

	No of Respondents	%
Clean my teet	32.	8.2
Pain	146	37.4
Do filling	42	10.7
Remove my tooth	101	27.7
Have artificial teeth		
Check-up/Dental examination	14	6.6

Table 3: Distribution of Treatment Received by Patients

	Frequency	Percentage (%)
Scaling and polishing	53	18.4
Fillings of carious teeth	40	13.9
Extraction	158	54.9
Teeth replacement (Denture)	9	3.1
Root canal treatment	6	2.1
Multiple treatment	22	7.6
No treatment	102	26.2

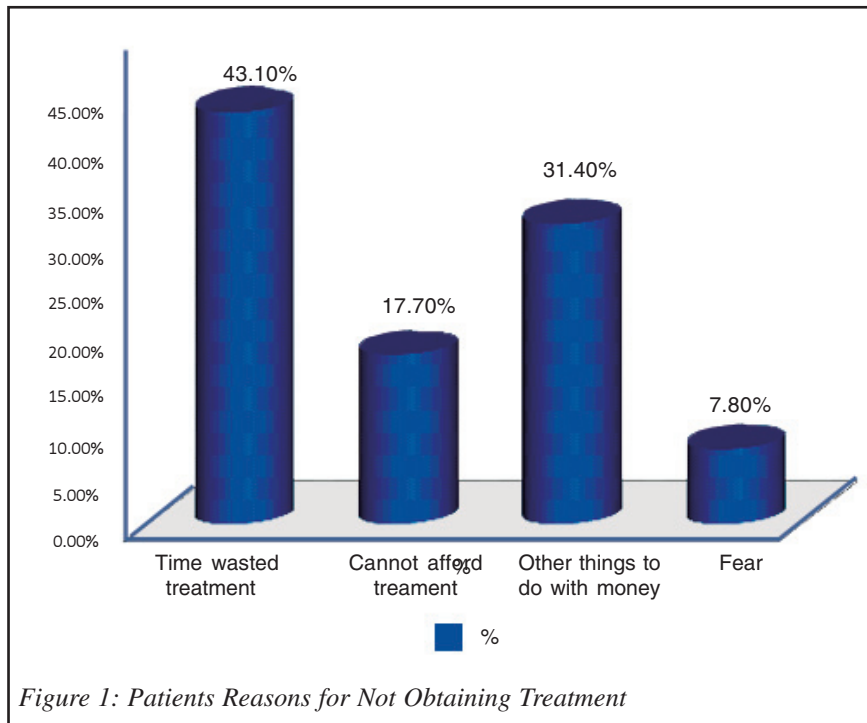


Figure 1: Patients Reasons for Not Obtaining Treatment

The utilisation of dental service in this group was high, about 75% of patients visited the dentist and received treatment. Utilisation rate reported in this study was high when compared to 14% 9% and 26% reported in other Nigerian studies (8-10). The difference in utilization of dental service among these groups may be due to difference in the study population. Furthermore, most of the patients (63%) seen in the study visited the dental clinic because of pain or wanted their teeth removed. In addition, extraction was the most common treatment performed with few patients seeking treatment for preventive oral health care. This supports the fact that dental visits are usually motivated by pain and the need for emergency treatment as reported by Ekanayake *et al* (5, 11). Several studies have also reported that low level of dental awareness is a major factor for under utilization of dental services (11-13), this may also be responsible for the late presentation of patients seeking treatment only when in pain or in need of extraction seen in this study thereby increasing the likelihood of receiving treatment.

The major reason given for not receiving treatment was time wasted in the dental

clinic. Some studies have reported that people do not visit the dental clinic because of the claim of lack of time (11-13). While this study group has created time to visit the dental clinic; they still could not receive treatment, having spent the whole day in the clinic. Dental care providers can be potent enablers or barriers to access of dental care (14). Time wasting not only discourage patient from obtaining treatment, it also discourage them from subsequent visits (15). Therefore, there is need for staff of the dental hospitals to provide quick and prompt services to patients in order to encourage them to access and obtain dental care. Patients that are not likely to be treated should be seen early and given another appointment rather than keeping them. This study did not investigate the factors responsible for time wasting; this may be the focus for another study.

Poor oral health and oral diseases have detrimental effect on the well-being of the population, the impact in terms of pain and suffering is severe, there is impairment oral function, restriction of activities in school, at work and at home causing millions of school and work hours to be lost each year the world over. In addition, the

psychosocial impact of these diseases often significantly diminishes quality of life (16). However, it is not life threatening, this may be the reason why most people are complacent and attach less importance to their oral health. It is interesting to note that about one-third though accepted having money, however did not receive treatment because they have other things to do with money. Though this is strange; it invariably shows the level of importance they attach to their oral health. Since their condition was not life threatening they could afford to use the money they have for other things which might be of less importance compared to their oral health.

Inability to afford treatment and fear of treatment were also given as reasons for not receiving treatment. Inability of patients to receive treatment may be related to poverty as majority of Nigerian population live on less than 1-2 dollars per day. Government should therefore address the issue of poverty so that patients can better access available health care facilities.

CONCLUSION

This study reveals that the study population has poor attitude towards oral health, visit dental hospital when in pain or in need of extraction, attach less importance to their oral health and time wasting in the dental clinic was the major reason for not receiving treatment. Consequently, there is a need for concerted effort towards oral health promotion to educate the general population on the importance of oral health and the need for preventive oral health care as well as provision quick, prompt and efficient oral health services.

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