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

Braimoh OB¹, Ofili AN²

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

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
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 text 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).
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 discourages patient from obtaining treatment, it also discourages 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 of 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.

REFERENCES