KNOWLEDGE AND PRIORITIES REGARDING DENTAL PRACTITIONER SELECTION AMONG EDUCATED PEOPLE: A CROSS-SECTIONAL STUDY

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ABSTRACT

Objective: *The aim of this study was to find out the level of awareness and their priorities among educated people while they are visiting a particular practitioner for their dental treatment.*

Materials and Methods: *This cross-sectional study consisting of 200 patients, age ranging from 10 to 90 years of any gender, any socioeconomic status and Pakistani nationals. A questionnaire including eight closed questions and other open questions were asked. Closed questions were; name, age, gender, educational level, number of visits to a qualified dentist, quack, specialist, and hospitals. Open questions included 'WHY?' if said yes to above-mentioned questions (e.g. why you visited a quack/ hospital/ specialist?) in order to find out the reasons and compare it with their educational level and awareness. The obtained data from questionnaire were analyzed using SPSS version 20.0. Frequencies and percentages were calculated for categorical variables like age, gender, level of education. Mean and standard deviation was calculated for number of visits to a dental practitioner vs. a specialist or a quack.*

Results: *Of the total, 80(40%) were illiterate patients and 53(26.5%) were highly educated patients. The majority, 4.9 (4.0SD) reported visiting a dental quack or unqualified dental practitioner, and they were illiterate, unaware and mostly older. The majority of the highly educated and aware patients preferred a qualified dental practitioner of hospital 5.6 (5.1SD) and specialist 4.5 (3.8SD).*

Conclusion: *Highly educated and aware patients preferred a qualified dental practitioner or a specialist. Those using the services of quack practitioners were unaware, illiterate, and mostly older. Affordability, lack of knowledge, awareness, time and availability of the government dental hospitals were mostly found as barriers to consult the qualified dentists and specialists.*

Keywords: *Knowledge, dental practitioner, awareness, priorities.*

INTRODUCTION

For the development of a nation, health is most important. It can either assist or impede the national developmental process. For the improvement of the physical and mental wellbeing of people, health care services needs to be competent and effective. [1] The World Health Organization (WHO) defined health as "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." [2] Education is the process of learning and is an essential asset for individuals, whereas, literacy is related to the ability to read and write, in order to comprehended written and verbal health information.[3,4] Results of numerous research

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studies clearly shows low levels of education and health literacy, with poor health care utilization, and increased barriers to primary care providers. [5] As an oral healthcare provider, the dentists should offer the best possible treatment options for their patients based upon ample educational and up to date evidential support for their treatment options, whereas a quack is an unqualified person who pretends to have medical knowledge and practices it on the patients. [6, 1]

Less importance is given to the oral health care providing system, resulting in dental caries and periodontal diseases, which has severely affected the oral health of the population of both developed and under-developing countries. There is a need to reinforce the disease preventive and health promotion programs in order to improve oral health conditions.[7] Poor general health is a risk factor for poor oral hygiene. Lifestyle and general health of patients have a crucial effect in maintaining optimal oral health.[8] The health of the population is responsibility of Health care systems that are essential for improving and maintaining the health of a population. A combined effort of government policies, institutions and resources are needed for improving the health of the people.[7]There is a well-established association between oral health and socioeconomic status. Individuals with lower socioeconomic status are more liable to have poor oral health.[9]

A qualified dentist can diagnose the complicated cases even the dental students cannot make an accurate diagnosis. Temporo-mandibular disorders and orofacial pain (TMD/OFP) conditions are challenging to diagnose for predoctoral dental students due to its multifactorial etiology, complexity, and controversial issues surrounding these condition, then how can a quack having no knowledge about disease etiology or complications, can diagnose or treat such conditions.[10] Oral health affects quality of life because it depends on social, economic and psychological factors. Quality of Life (QoL) is concerned with "the degree to which a person enjoys the important possibilities of life." [11] Tooth pain due to tooth caries, pulpitis, periodontitis, tooth loss and dental fluorosis, all these severely affect the aesthetics, chewing, speaking, and self-esteem, thereby affecting QoL. [12-17]

Patient awareness is essential for improving oral health. The lack of knowledge and awareness is the major barrier to implement oral care standards. [18] The internet and social media are an essential source for people to know about oral health-related issues.[19] Parental knowledge and awareness are also an essential factor in their children's oral health including oral hygiene habits, diet and early preventive visits to the dentists.[20] Oral health care has been declared as a part of the primary health care system. However, the assessment of oral health-related problems and appropriate care for this has never been addressed. This reflects the lack of awareness among both patients and health system decision-makers. [21]

The aim of this study is to find out the level of awareness and their priorities among educated people while they are visiting a particular practitioner for their dental treatment.

MATERIALS AND METHODS

This descriptive, cross-sectional study was conducted at Khyber College of Dentistry, Peshawar of four months duration from January 2017 to March 2017.Approval from hospital's ethical review committee was taken. Subjects referred to OPD fulfilling the inclusion criteria were invited to participate in the study. A sample of 200 participants was selected by using convenient sampling technique.

The patients attending the government dental hospital for their dental problems were included in this study except for handicap and traumatized patients, having age ranging from 10 to 90 years, any genders, socioeconomic status and Pakistani nationals. The purpose and procedure of the study were clearly explained to them. A questionnaire including eight closed questions and other open questions were asked to inquire the reason for their behavior by interview. The investigators were trained to begin the interview by establishing whether the subject was familiar with the terms dental quack/ unqualified dental practitioner or specialist.In cases where they did not know whether their dental care provider is qualified or not, they were given a full explanation of these terms.

Closed questions were; name, age, gender, educational level, number of visits to a qualified dentist of a hospital, quack, and specialist. Open questions included 'WHY?' if said yes to the above-mentioned questions (e.g. why you visited a quack/ hospital/ specialist?) in order to find out the reasons and com-

pare it with their educational level and awareness.

The obtained data from the questionnaire were analyzed using SPSS version 20.0. Frequencies and percentages were calculated for categorical variables like age, gender, level of education. Mean, and standard deviation were calculated for the number of visits to a dental practitioner vs. a specialist or a quack.

RESULTS

Two hundred patients were interviewed (response rate was 100%) amongst these 131 (65.5%) were female, and 69 (34.5%) were male, having age ranging from 10-90 and above, the details of age distribution are given in the Table1.The majority of the patients were illiterate 80(40%), as shown in Table 1.Table2 shows that the mean of number of visits to a qualified dentist of hospital5.62 (5.11SD), quacks4.91 (4.03SD) and specialist4.58 (3.85SD). Highly educated patients visited specialist1.92 (3.72SD) mostly as compared to illiterate patients visiting quacks0.28 (1.45SD)as shown in Table3.

DISCUSSION

Our study shows mean 1.9 (3.7 SD) of highly qualified patients visited the specialists for their dental treatment and 1.05(1.9 SD) of highly qualified patients also visited quack and the main reason

Table 1: Distribution of the patients according to age, gender, and level of education

Variables		Frequency	Percent	Valid Percent	Cumulative Percent
Age	10=19	24	12.0	12.0	12.0
	20=29	56	28.0	28.0	40.0
	30=39	28	14.0	14.0	54.0
	40=49	28	14.0	14.0	68.0
	50=59	36	18.0	18.0	86.0
	60=69	19	9.5	9.5	95.5
	70=79	6	3.0	3.0	98.5
	80=89	2	1.0	1.0	99.5
	>90	1	.5	.5	100.0
Gender	Male	69	34.5	34.5	34.5
	Female	131	65.5	65.5	100.0
Qualification	Illiterate	80	40.0	40.0	40.0
	Primary	26	13.0	13.0	53.0
	Matriculation	18	9.0	9.0	62.0
	Intermediate	23	11.5	11.5	73.5
	Higher education	53	26.5	26.5	100.0

Table 2: Number for visits to the dental practitioner

Number of Visits	Mean	Std. Deviation	Minimum	Maximum
Visits to the Qualified Dentist	5.6231	5.11125	1.00	40.00
Visits to the unqualified Dental Practitioner	4.9130	4.03461	1.00	20.00
Visits to the Specialist	4.5833	3.85728	1.00	20.00

TABLE 3: Number of visits of illiterate patients and highly educated patients to a quack and a specialist

Number of Visits	Minimum	Maximum	Mean	Std. Deviation
Illiterate to quack	0.00	20.00	3.8375	4.68351
Illiterate to specialist	0.00	10.00	.2875	1.45996
Higher to quack	0.00	8.00	1.0566	1.98470
Higher to specialist	0.00	20.00	1.9245	3.72026

most of them gave was the lack of awareness about their oral health and inability to select a right dental practitioner. Patient awareness is vital for improving oral health. The lack of knowledge and awareness is the major hurdle in implementing oral health care services.[18] According to Almaiman et al. study, the internet and social media can be an essential source for peoples to know about oral health-related issues; more than two-thirds of the participants reported that they were seeking online OHI. [19]

Our results showed that the most frequent age range was 20-29 years 56(28%) for orthodontics, periodontics, and restorative purposes, and second most frequent patient age range was 50-59 years 36(18%) for surgical extraction and prosthodontic purposes. On the other hand 10-19 years age range 24(12%) patients mostly attended pediatric dentistry.

In our studied sample education level of the patients, there were 80(40%) of illiterate, 26(13%) Primary, 18(9%) Matriculation, 23(11.5%) Intermediate and 53(26.5%) highly educated patients, which shows that majority of the patients were illiterate. While evaluating patients on a gender basis, it was found that there were more female patients 131 (65.5%) as compared to male patients 69 (34.5%). Although illiteracy was commonly observed in females and older patients, an apparent correlation between illiteracy and use of quack was found.

Our analysis showed that 4.9(4.0 SD) patients had visited quacks. The cost, lack of availability, time, and awareness were commonly noted as barriers to attending a qualified dentist or specialist, which is in accordance with Reddy et al. [22] studies. Most of the patients reported that hospitals were fully loaded, long dates for their dental treatments forced them to go to a quack for their quick and cheap treatment as it saves money and time. Although the treatment received by a quack was considered to be inferior to that provided by a qualified dentist. Most patients first visited a quack and were dissatisfied only than they came to a qualified dentist. In that aspect present study was in accordance with Naidu RS et al. [9], Pervez et al[23] and Mirza et al[24]. It would appear that some people who had visited quacks were aware of their short-comings but still decided to get treatment from a quack.

Lack of awareness, high cost of dental treatment, illiteracy, poor accessibility to dental hospitals or clinics, and repeated dental appointments are the reasons for which most patients are drawn toward quacks. Less aware and illiterate patients often become gullible prey to the quacks. Dentistry faces severe problems regarding the accessibility of its services to all. From a public health point of view, quacks crater to the lower-middle and lower socioeconomic classes that cannot afford qualified dental practitioners. If this situation is not adequately addressed might play havoc, increasing the chances of transmission of many lethal diseases. [26]

Our study provided valuable information about the education level of the studied sample. Education plays a pivotal role in the type of health care selection. It is the duty of the dental practitioner to educate the patients regarding oral health problems and provide adequate information about the hazards of visiting a dental quack. Dental quackery has become one of the most unethical practices misleading the majority of the world population especially those residing in rural and urban areas. Although efforts were made by different researchers in different countries to advertise this act, in order to gain the attention of policymakers and to put a pause to such mockery. The existing literature reveals that majority of the patients get attracted by dental quacks because of their publicity gimmicks claiming a faster, cheaper and sure cure. Because of lack of firm action against the culprits, this activity has become pronounced in recent years resulting in complications for the innocent people and acting as an obstacle in providing quality dental care.

We included only a convenient sample of study participants who visited Khyber College of dentistry, which may not be the true representatives of the general population and thus questioned the generalizability of the results. Future studies are recommended in this direction using a larger sample to achieve more valid conclusions and in recommending to the policymakers to put a pause to this quackery. The government should take steps to bring an end to quackery by raising awareness among the masses through plays and dramas. Employment opportunities for qualified dentists in the rural and urban areas would likely bring a decline in quackery. Dental colleges can be made to share the responsibility of providing free dental health education and quality dental care to the masses periodically. A task force or vigilance team should be constituted by the state

government to identify, track and initiate appropriate action against those who practice quackery.[22]

CONCLUSION

From the above discussion, it is concluded that the majority of the highly educated and aware patients preferred a qualified dental practitioner or a specialist. Moreover, those using the services of the dental quack were unaware, illiterate, and mostly older. Lack of awareness, education, time, affordability and availability of the government dental hospitals were mostly found as barriers to consult qualified dentists and specialists.

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