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Barriers in utilization of dental services among Kashmiri population a cross sectional study

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Abstract

Aim: To identify the barriers in utilization of dental services among Kashmiri population.

Materials and Methods: This cross-sectional study was performed among Kashmiri populations. Data were collected from 120 individuals who were selected through systematic random sampling. Data on barriers for utilization of dental services were collected by means of self-administered questionnaire. The results were analyzed by descriptive statistics and Chi-square test using SPSS version 19. All tests were set at a 0.05 significance level.

Results: Majority of study participants 58.3% were females and the mean age of the study population were 39 ± 3.18 years with an age range of 20-67 years. The most commonly reported reason for not seeking dental care was "Didn't have any dental problem" by 54 (45%) followed by "Lack of time" by 33 (27.6%) and "Dental problem was not serious condition" by 10(8.3%)

Conclusions: The highly reported reasons for non-utilization of dental service in this study were "Did not have any dental problem" indicating the low felt need among study subjects in that area.

Keywords: Barriers, dental health services

Introduction

The prevention of oral disease and the promotion of oral health have been established as high priorities by the World Health Organization (WHO) [1]. But in developing countries like India, with increasing lifestyle disorders, change in dietary sugar component, and increasing consumption of sugary sodas and other oral deleterious habits such as tobacco and/or areca nut use, the burden of oral diseases is bound to increase [2]. According to WHO ideal dentist-population ratio is 7500 [3]. In 2004, Dentist-population ratio in India was 1:30000 and in 2014, the ratio was 1:10000 [4]. In spite of such a large work force, most of the people in India do not have access to basic oral health care [5]. Several studies conducted on the rural population of India have stated that the unmet treatment need of the rural population is very high and the services present are inadequate in most parts of the country [6-9]. Although dentist ratio was high in cities or urban areas, people still do not show any regular dental care or dental attendance [10].

Materials and methods

A cross-sectional house-to-house survey was conducted among 120- household's in Kashmiri population. Sample size was calculated by using the formula: $N = 1.962pq/L2$ where p is the prevalence of barrier in utilization of dental services and it was calculated from pilot study. The sampling was based on the model of systematic random sampling. The total sample size of 120 individuals was selected. Ethical approval to conduct the study was obtained from government dental college and hospital Srinagar Kashmir. Physically and/or mentally challenged residents and unwilling residents were excluded. A self-administered questionnaire was used to collect data, which contained two parts. The first part addressed the following aspects: Socio demographic characteristics such as age, gender, marital status, level of education, income and occupation. In the second part of the questionnaire, subjects were asked about barriers for utilization of dental services. The pilot study helped to test the feasibility of the study and also ensured whether subjects understood the items in the questionnaire without any help of investigators. The collected data for each question were numerically coded and data were entered in the SPSS software 19.0 version.

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Frequency distributions and percentages were used to analyze the results and chi-square tests were used to determine the associations between categorical variables. All tests were set at a 0.05 significance level.

Results

This present study was done among 120 participants, 58.3% were females and the mean age of the study population was 39 ± 3.18 years with an age range of 20-67 years.

[Table 1] shows the socio - demographic details of the study participants and a majority of participants (39.3%) belonged to the age group of 41-50 years, followed by 31-40 years (31.9%). Majorities 34.8% of the study participants were illiterate, 32.6% had primary education, and 24.5% had their higher education. Most of the participants were working under private firms and others were self-employed and only 14.2% participants were working under government organizations.

[Table 2] explains the common reason for not seeking dental services by the study participants. Majority of them 56 (46.4%) felt they did not have any dental problem and 33 (27.6%) study participants reported lack of time as a barrier for dental services. Other less commonly reported reasons were anxiety and fear of dental treatment and transportation.

[Table 3] shows association between gender and barriers in utilization of dental services, it was observed that majority of female’s participants reported dental problem was not serious health issue to visit dentist, apart from that financial difficulty, lack of time, anxiety and fear for dental treatment

and transportation were also considered as main barrier for utilization of dental services and the results were statistically significant (P = 0.0000*).

Table 1: Distribution of study subjects according to Socio-demographic characteristics. (Independent variables)

Age	N(%)
20 – 30 years	17(13.3%)
31 – 40 years	37(31.9%)
41 – 50 years	47(39.3%)
51 – 60 years	10(8.3%)
60 – 70 years	9(7.2%)
Gender	
Male	50(41.7%)
Female	70(58.3%)
Education level	
Primary education	39(32.6%)
Higher education	29(24.5%)
Graduate	7(5.5%)
Postgraduate	3(2.6%)
Illiterate	42(34.8%)
Occupation	
Employed	77(63.8%)
Unemployed	35(29.5%)
Retired	8(6.7%)
Type of Employment	
Government	17(14.2%)
Private	46(38.8%)
Self-employed	57(47.0%)

Table 2: Barriers in utilization of oral health services oral health services.

Factors affecting utilization of oral health services	N (%)
Did not have any dental problem	55(46.4%)
The dental problem was not serious (Beliefs & myths)	10(8.6%)
Financial difficulty	8(6.4%)
Lack of time	33(27.6%)
Anxiety and fear of dental treatment	9(6.9%)
Transportation	5(4.1%)

Table 3: Association between gender and barriers in utilization of dental services.

Barriers in utilization of dental services	Male	Female	Chi square value	P value
Did not have any dental problem			74.196	0.0000*
The dental problem was not serious (Beliefs & myths)	76(63.6%)	44(36.4%)		
Financial difficulty	22(19.4%)	98(80.6%)		
Lack of time	35(29.6%)	85(70.4%)		
Anxiety and fear for dental treatment	23(19.8%)	97(80.2%)		
Transportation	29(24.1%)	91(75.9%)		
	42(35.3%)	78(64.7%)		

Discussion

Studies on barriers for utilization of dental services provide a basis for formulation and execution of oral health promotion programs, thus the present study aimed to identify the barriers in utilization of dental services among Kashmiri population. The highly reported reasons for not utilizing dental service in this study was “Did not have any dental problem” and this barrier was also reported by Pizarro V *et al*, [11] and Syrjala AM *et al*. [12] So, it can be inferred that the individual’s perceived need to visit a dentist was only if they had any symptoms such as pain, trauma etc. This suggests that they were not aware about the maintenance of good oral health and regular visits to a dentist. Females 22(75.9%) showed higher anxiety and fear for dental treatment compared to males and a similar finding was reported by Nagarjuna P *et al*, [13] Fukai K *et al*, [14] Lo GL *et al*, [15] and Holtzmzn JM *et al*. [16] Lack of

time was reported as a barrier for not utilizing dental service by females in this study, which was also reported by Al Shammeri *et al*, [17] Poudyal S *et al*. [18] and Fotedar S *et al* [19]. A possible explanation would be mostly females are largely dependent on their family members and their decisions regarding matters such as visits to the dentists are made by other member of their families. This may be a possible reason for low dental visit pattern among females in the present study.

About 27(06.4%) participants reported financial difficulty was a barrier for utilization of dental services and similar findings were reported by Devaraj C *et al*. [20]. This barrier can be addressed by conducting free dental camps, which will be effective in screening for diseases and for providing preventive care. Transportation was also considered as a barrier 017(04.1%) among Jain VK *et al* [21]. While our study

provides important information, there are some limitations. Barriers for utilization of dental services were evaluated on the basis of self-reported questionnaire, so it might have led to measurement errors due to misinterpretation of questions. It is the role of oral health care providers to organize free dental camps and to arrange oral health education and promotion programs to spread awareness among the people and to disseminate importance of regular dental visits. The cost of dental treatments should be revised and should be made affordable for all population irrespective of socioeconomic classes.

Conclusion

The highly reported reasons for non-utilization of dental service in this study were “Did not have any dental problem” indicating the low felt need among study subjects in that area.

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