KNOWLEDGE OF WHO A DENTIST IS AMONG PATIENTS IN A GOVERNMENT DENTAL CLINIC IN JOS

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ABSTRACT

Background: Lack of knowledge of a dentist by implication may mean lack of knowledge of its role in oral health care. This may affect patients' attitude towards oral health care. This study aimed at assessing patients' knowledge of a dentist and its effect on attitude towards oral health care.

Methods: *Cross-sectional study of patients attending a Government Dental Clinic in Jos. A self-administered questionnaire was used for data collection on socio-demographics, knowledge of dentist, reasons for visiting and late visits. Data analyzed using SPSS 21.*

Results: *A total of 150 patients were seen whose ages ranged between 16-65 years with a M:F ratio of 1: 1.4. 92% of them had incorrect knowledge of a dentist, describing the dentist as "teeth doctor" (94.2%) and "doctor that removes teeth" (2.2%). Of the total sample, 58 (38.7%) patients were visiting for the first time and major reason for visit was pain (77.2%). More than half of them that visited because of pain 26 (59.1%) had been with the pain for more than three weeks citing fear (26.9%) as major reason for coming late for treatments. For those with prior dental visits, lack of time (29.0%) was major reason for late visit. Ironically, visiting the dentist mostly when in pain was also the attitude shown by those with correct knowledge (8.0%) of a dentist.*

Conclusions: *There is a misconception about the person of a dentist. Attitude of seeking care when in pain was common among both patients with correct and incorrect knowledge of dentists.*

Keywords: *knowledge, dentist, patients, oral, health*

INTRODUCTION

Oral health is an essential component of general health and should not be interpreted as separate entities[1,2]. WHO defines oral health as *a "state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity"*[3,4,5].

Its impact on overall health and well-being is internationally recognized [6]. The mouth can serve as an early warning system, diagnostic of systemic infectious disease and predicting disease progression, such as HIV infection[7]. The mouth and face therefore provide access to physical signs and symptoms of local and generalized disease and risk factor exposure. Self-reported impacts of oral conditions on social functions include limitations in communication, social interactions, and intimacy[7].

Oral diseases are the most common of the chronic diseases[8]. It is an important public health problem affecting all age groups. Its prevalence is high, its impact on individuals and society is severe and the cost of treatment is also high[8]. Only a few seek dental care[9] yet oral health problems exist ranging from dental caries, periodontal diseases, injuries, trauma

and malocclusions.

Most oral diseases are not fatal but they may lead to significant morbidity which ends up in physical, social and psychological consequences affecting patients' quality of life[10].

A population's knowledge of oral health providers and their roles towards oral health care may help to inculcate the right attitude towards oral health care among the populace. The World Health Organization (WHO) defines dentistry as "the science and art of preventing, diagnosing and treating diseases, injuries and malformation of the teeth, jaws and mouth" A dentist therefore aims to prevent and treat oral disorders by providing preventive treatment, repairing teeth damage, treating diseases of roots, gums and soft tissues of the mouth[11].

However, knowledge of oral diseases, its impact on oral health status and general health and the need for health care is necessary among patients. This may encourage good attitudes/practices towards oral health care. Various factors may hinder access to health care or contribute to peoples' decision to either forgo care or seek professional assistance for dental problems. These may include the lack of awareness of oral health matters, individuals' perceptions of oral health care, beliefs about seeking oral health care, dental anxiety states, financial cost, person's life experiences, age, gender, feelings of vulnerability and lifestyles[10,12].

There is a generally low awareness and inadequate access to oral health care in Nigeria and oral diseases such as dental caries and periodontal diseases are still highly prevalent in our environment[13,14]. Most common oral diseases can be prevented and good oral health could be attained and maintained through a combination of factors such as community, professional, and individuals' efforts[7]. Understanding the need for oral health, where and who to obtain care from is important among patients. Studies exploring this area are scarce in our environment therefore this study aimed to determine the knowledge of who is a dentist its impact on attitudes towards oral health care among patients attending a Government Dental Clinic in Jos, Nigeria.

MATERIALS AND METHODS

This was a cross-sectional study on patients attending a Government dental clinic within the last six months of 2014. One hundred and fifty patients were involved in the study. Fifty eight were first timers and others had had previous dental treatments.

Consent was sought from patients after explaining the purpose of the study. Those who were willing to participate were given self administered questionnaire. The data collection tool collected information on socio-demographic characteristics, knowledge of who a dentist is, reasons for visiting the dentist and why visit the dentist when in pain?

An open ended question "who is a dentist?" was used to determine correct knowledge of a dentist. Correct knowledge of a dentist according to this study is simply a person who is formally trained to take care of the mouth (health of teeth and other related tissues in the mouth). Participants who know the dentist as someone who treats only teeth has incorrect knowledge of a dentist.

Data was analyzed using SPSS version 21. Analysis carried out includes frequency, cross tabulation and charts. Relevance hypothesis were tested using chi-square test statistic. Significance difference was set at P=0.05.

RESULTS

Demographics

Most of the patients involved in this study were younger to middle age people between 16-40 years old. Most (76.7%) of them had attained tertiary education. Females were 87 (56.0%). **Table 1**

Knowledge

Of the 150 respondents in this study 138 (92.0%) had incorrect knowledge of who a dentist is. There was significant difference between knowledge of who is a dentist and educational status P= 0.003, while no significant difference was observed between knowledge of a dentist and gender P= 0.564. **Table 2**

Knowledge of a dentist among patients who visited for the first time and those who had visited before was very low. **Table 3**

Reasons for visiting the dentist

Major reason for visiting the dentist among patients visiting for the first time was pain 44 (77.2%). This was also observed among patients who had prior visit to the dentist 63 (68.5%), those 9 (90.0%) with correct knowledge of a dentist and those 98 (71.5%) with incorrect knowledge of a dentist. **Table 4**

Duration which patients endured pain

A considerable number 26 (59.1%) of patients visiting for the first time had been with the pain for more than three weeks before seeking solution. This was also observed among patients who had visited before and those who had incorrect knowledge of a dentist. **Table 5**

Why visiting the dentist late for treatments

The attitude of enduring pain and visiting the dentist late was because of fear, thought that pain would go, lack of time, self medication, distance and lack of funds. **Table 6**

Hear say consultation

Most 30 (51.7%) of the first timers that visited because of pain said they know someone with the same problem. They also knew the solution they sought to solve the problem which include self medication from drugs store 12 (37.5%), native/herbal medicine 2 (6.3%) and the clinic 18 (56.3%). **Fig. 1**

Table 1: Demographic variables of respondents

Demographic variables	Frequency (n=150)	Percentage (%)
Gender		
Male	63	42.0
Female	87	58.0
Age group in years		
16-20	24	16.0
21-30	64	42.7
31-40	28	18.7
41-50	22	14.7
51-60	10	6.7
>60	2	1.3
Educational level		
Primary	10	6.6
Secondary	21	14.0
Tertiary	115	76.7
Non response	4	2.7

Table 2: Knowledge of who is a dentist among patients, its association with gender & educational level

Demographic variables	Frequency (n=150)	Percentage (%)
Who is a dentist?		
Correct knowledge	12	8.0
Incorrect knowledge	138	92.0
Among incorrect knowledge		
Teeth doctor	130	94.2
Doctor that removes teeth	3	2.2
[illegible]	5	3.6
Knowledge of dentist according to gender		
Correct knowledge		
Male	7	11.1
Female	5	5.7
Incorrect knowledge		
Male	56	88.9
Female	82	94.3
Knowledge of dentist according to educational level		
Correct knowledge		
Primary		
Secondary	1	8.3
Tertiary	1	8.3
No response	9	75.0
Incorrect knowledge	1	8.3
Primary		
Secondary	9	6.5
Tertiary	20	14.5
No response	106	76.8
	3	2.2

Table3: Knowledge of a dentist among first time and prior visits

Variables	Knowledge of who a dentist is		?^{2}	P-value
	Correct	Incorrect		
First timers	4(6.9)	54(93.1)	0.156	0.692
Prior visit	8(8.7)	84(91.3)		
Total	12(8.0)	138(92.0)		

Table 4: Reasons for visiting the dentist

Why have you come to see the dentist?	First timers	Prior visits	Patients with correct knowledge of dentist	Patients with incorrect knowledge of dentist
Pain	44 (77.2)	63 (68.5)	9 (75.0)	98 (71.0)
Cavity	7(12.3)	6 (6.5)	1 (8.3)	12 (8.7)
Cleaning	3 (5.3)	10 (10.9)	0 (0.0)	13 (9.4)
Check-up	1 (1.8)	6 (6.5)	0 (0.0)	7 (5.1)
Others	2 (3.5)	5 (5.4)	____	7 (5.1)
No response	1 (1.8)	2 (2.2)	2 (2.2)	1 (0.7)

Table 5: Duration with which patients endured pain

How long have you had the pain?	First timers	Prior visits	Patients with correct knowledge of dentist	Patients with incorrect knowledge of dentist
< 1week	6 (13.6)	14 (22.2)	3 (33.3)	17 (17.3)
< 2 weeks	4 (9.1)	8 (12.7)	2 (22.2)	10 (10.2)
< 2-3 weeks	4 (9.1)	7 (11.1)	1 (11.1)	10 (10.2)
>3 weeks	26 (59.1)	31 (49.2)	2 (22.2)	55 (56.1)
No response	4 (9.1)	3 (4.8)	1 (11.1)	6 (6.1)

Table6: Reasons for visiting after three weeks

Why are you just coming?	First timers	Prior visits	Patients with correct knowledge of a dentist	Patients with incorrect knowledge of a dentist
Lack of time	4 (15.4)	9(29.0)	1(50.0)	13(23.6)
Distance	1(3.8)	2(6.5)	1(50.0)	2(3.6)
Fear	7(26.9)	3(9.7)	__	10(18.2)
Lack of funds	5(19.2)	4(12.9)	__	9(16.4)
Thought pain would go	5(19.2)	6(19.4)	__	11(20.0)
Self medication	2(7.7)	4(12.9)	__	5(9.1)
No idea where treatment is done	1(3.8)	1(3.2)	__	2(3.6)
No response	1(3.8)	2(6.5)	__	3(5.5)

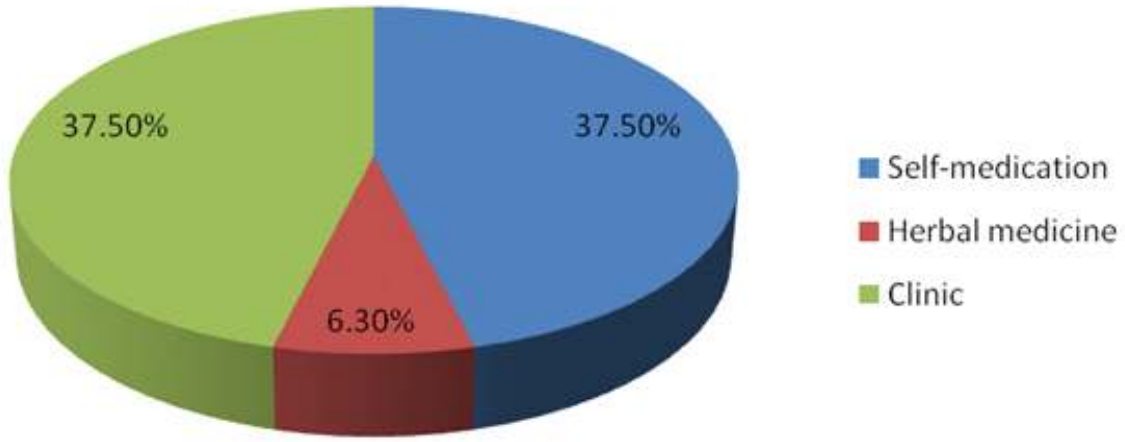

Figure 1: Hear-say consultation

DISCUSSIONS

Oral health professionals aim to prevent, promote and maintain good oral health status of the populace. Population's knowledge of oral health providers and their roles towards oral health care may help to inculcate the right attitude towards dental visit and care.

Knowledge of who a dentist is

Patients defined a dentist in this study as a person who treats or removes teeth. This conception is misleading and incorrect. Definition of a dentist should be encompassing, explaining the roles in preventing, maintaining and promoting oral health care. Where this is misunderstood, it is likely to build up wrong beliefs about oral health care and practices among patients. Knowledge of a dentist was generally low among the total sample in this study. Males had more knowledge than females though the difference in knowledge was not statistically significant. Knowledge was associated with educational level where patients with highest level of education were significantly more knowledgeable than those with low level of education. There was no significant difference in the knowledge of who a dentist is between patients with prior visit to the dentist and those visiting for the first time. The incorrect knowledge of who a dentist is in this study may be linked to lack of enough and improper distribution of professionals, poor awareness creation strategies on oral health care and the need for oral health providers is not clearly understood among patients. It is proper to take cognizance of the above which may enable the populace to know that oral health care is more than just care of teeth.

Reasons for visiting the dentist

Dental pain was the major reason for patients visit to the dental clinic in this study. This was observed among first timers, prior visit, patient who had correct knowledge of a dentist and those with incorrect knowledge. Findings from other studies also showed that most patients including dental and medical students visited the dentist only for emergencies and when they are in pain.[9,15,] Poor awareness of oral health care, cost, fear and anxiety may be likely factors responsible for this attitude as shown by studies on "The Psychology of Dental Patient care" and "Utilization of Dental Care.[9,12]

Nearly all the patients who claimed to know who a dentist is also visited because of pain and none visited for cleaning or check up. Most of the patients with dental pain in this study endured the pain for as long as more than three weeks because of lack of time, fear, they thought pain would go, self medication and lack of funds. Patients that had visited the dentist before ought to have known the role of a dentist toward oral care and therefore were expected to show better oral health seeking behavior. Unfortunately, they showed complacent attitudes by indulging in self medication, thinking that pain would go and giving excuses of lack of time. This attitude may be connected to unclear information given to patients during dental visits. Poor relationship between patients and oral health care workers may also be a factor contributing to patients' non compliance and complacency towards oral health care.

A study on “What do patients think about dental services in Quebec” showed patients' negative comments about dental services which include communication styles that did not encourage patients input and unprofessional conduct such as lack of transparency in pricing[16]. Laying too much emphasis on cost and payments of bills than care given to patients may give wrong impression of who a dentist is and its roles.

Patients who visited for the first time had highest dental fear (26.9%) Fear is a torment and may result to patients having wrong feelings about oral health care providers. A study on patients' satisfaction reported the preference of traditional care over orthodox medicine among patients in this environment[17]. Therefore patients who seek health information from non professionals are likely to be fed wrongly about their health care. Observation from our clinic also showed that most patients fear dental treatment because they were told by friends, relatives and other non professionals that it is painful and once you remove a tooth, you will keep removing others.

Hear-say consultation

Although this study did not determine what patients did to alleviate pain before visiting the dental clinic. More than half 64 (59.8%) of the first time patients who visited the dentist because of pain knew someone who also had dental pain and what they did to alleviate pain. Thirty seven point five zero percent (37.50%) of them indulged in self medication from

drug stores, (6.30%) use native/herbal medicine, and (37.50%) went to the clinic. It was not assessed whether patients did what their friends did to solve their dental problems, yet friends' attitudes may likely influence decisions of patients towards what treatments to seek and who to seek from. Attitudes of patients towards oral health care may determine the condition of the oral cavity. Patients therefore need to know the need for oral health care, where and who to go to for maintenance of good oral health.

CONCLUSION

The knowledge of who is a dentist was generally low among the total sample. Patients had a serious misconception about the person of a dentist and also complacent attitude towards oral health care. The lack of difference in the attitudes between patients with correct and incorrect knowledge of a dentist is a matter of concern.

RECOMMENDATION

The dental profession needs to promote the image and relevance of oral health care workers in general. Efforts should be geared towards ensuring that wrong attitudes towards oral health care are corrected through awareness creation using realizable strategies. It is also very critical to ascertain what information is given to patients, who gives it and how it is given.

LIMITATION

The sample was from one dental clinic therefore for a better representativeness a larger sample might be needed.

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