Original Article

Reason for Seeking Dental Care among Meerut Population – A Questionnaire-based Survey

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Abstract

Background: One of the expected roles of dentists is to promote ethical behavior in the community. Ensuring that each person maintains a good dental health and quality of life by enabling them to eat, talk, and socialize without pain, discomfort, or embarrassment. **Objective:** The study aims to analyze the reason for seeking dental care among the Meerut population. **Materials and Methods:** A minimum of 3500 records were considered for the present prospective study. Questionnaire was printed asking the reason why the patient has made a visit to dentist. Questionnaire was filled by the patient before OPD and was collected. **Results and Conclusion:** The most common reasons for dental visit were due to pain and not with any preventive or diagnostic assistance.

Keywords: Dental visit, Pain, Caries, First dental visit, Emergency.

Introduction

Oral diseases are largely preventable by regular home oral care and preventive dental visits.[1] Visiting a dental clinic helps to diagnose and treat early oral diseases. However, the provision of protective dental care for the elderly depends on the individual patient's efforts in using dental care.[2] The use of dental care is influenced by a set of complex factors. The ethical, economic, and cultural factors associated with empowerment and essential needs contribute to people's decisions to discontinue care or seek professional help in dental problems.[3]

If we take into consideration, dental visit is the most important milestones in child's life. Prevention has focused largely on educating the expecting parents or new parents about not placing infants and young children to bed with a bottle of formula milk, sweetened liquid, or sweetened pacifier. Parents of infants and toddler already affected by ECC should be educated about improper feeding practices, about weaning off breast-feeding, and substitution of the liquid in the bottle with non-cariogenic fluid. Thus, first dental visit and at certain intervals dental visits should be encouraged and a mass level education and motivation sessions should be conducted. Therefore, the preventive goals during an early dental visit may include guidance on oral hygiene, diet, non-nutritive sucking habits, and its risk of developing malocclusion. Education regarding traumatic injuries and its first aid management can be done. However, it is painful that studies show that the most of the patients seek dental clinic for dental decay.[4]

The Global Burden of Disease Study 2017 estimated that oral diseases affect close to 3.5 billion people worldwide, with caries of permanent teeth being the most common condition. Globally, it is estimated that 2.3 billion people suffer from caries of permanent teeth and more than 530 million children suffer from caries of primary teeth.[5] Moreover, around 79.4 million are affected by ECC in India, that is, 49.6%.[6]

However, only 10% of the population seek dental care for dental caries.[7] Thus, the aim of the study was to analyze the reason for seeking dental care among the Meerut citizens.

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Materials and Methods

The purpose of this prospective study is to analyze the causes for visiting dentists in Meerut city from December 1, 2021 to March 1, 2022. A minimum of 3500 records were considered for the study. A questionnaire was printed asking the reason why the patient had made visit to dentist (Figure 1). The questions were asked in Hindi and English both, keeping in mind the socioeconomic status of the patients visiting the dentists all over the city. Questionnaire was filled by the patient before OPD and was collected. Ethical clearance was not required.

Results

From a total of 3500 patients (Table 1), 7% of the population reported for regular dental check-up, 44% reported due to pain, 11% with the complain of Halitosis, 9% of the population reported for unpleasant profile/Crowded/Forwardly placed teeth, 8% reported with inability to chew food, 4% due to emergency/trauma, and 2% were referred from medical specialist where as 1% were referred from another dentist and 14% opted for option not listed above which were mentioned by the patients as not for any treatment.

Discussion

Oral diseases such as dental caries, periodontitis, and oral cancer are major public health problems in high-income countries and the burden of oral diseases is growing in developing countries. Visiting a dental clinic helps to diagnose and treat early oral diseases. Primary prevention reduces the prevalence of dental problems and acts as a preventable cause. To improve oral health outcomes, adequate knowledge of how people use health services and predictors of these behaviors is essential.

In the present study, 43.50% reported due to pain whereas only 7.53% of the population reported for regular dental check-up. Thus, educating the patients/parents is of utmost importance. It has been noted that the reasons for people avoiding visiting the clinicians and neglect the symptoms of oral diseases are economic instability, lack of knowledge, and faith in medical services.

However, oral health importance in the maintenance of general health has been long acknowledged by the WHO.[8] A lot of efforts toward raising awareness on oral health among the public are been put up by various local and national bodies/organizations. National health authorities should actively take part to develop policies for oral health sectors. It is recommended that dental camps in the rural area, mobile dental clinics, and oral health education and promotion should be conducted to spread public awareness. The health centers should have a complete oral health setup so that people do not have to travel long distances to get oral health care.

The present study found that among 3500 patients, 53.34% were males and 46.66% female. Reisine (1987) found that gender was the most influential variable. In contrast to this, the previous studies have found that utilization of dental services was greater among female than male.[9]

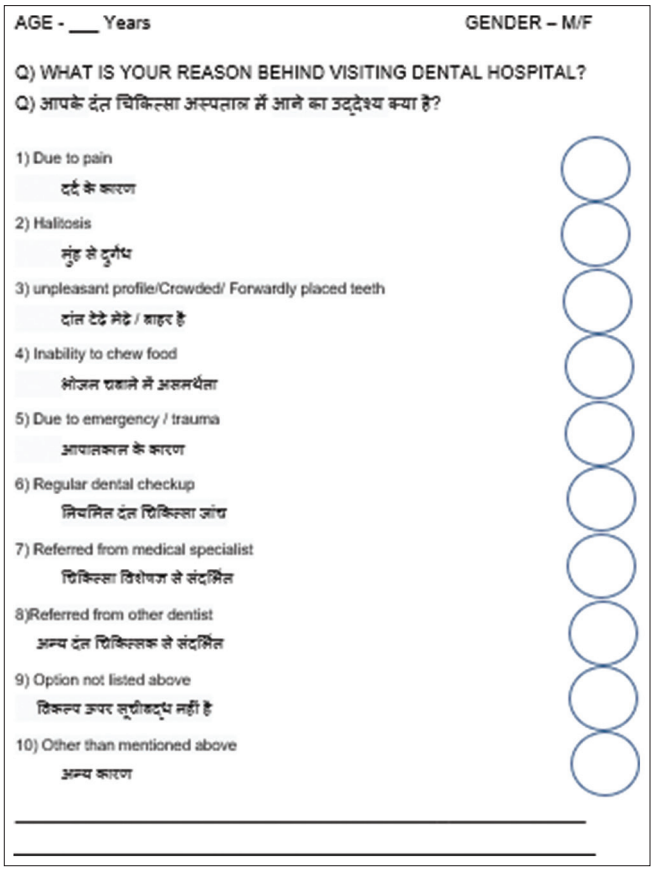

Figure 1: Questionnaire

Table 1: Study statistics

	Frequency	Percentage
Sex		
Male	1867	53.34
Female	1633	46.66
Area		
Urban	1344	38.4
Rural	2156	61.6
Chief complaint		
Regular dental check-up	245	7
Due to pain	1540	44
Halitosis	385	11
Unpleasant profile/Crowded/ Forwardly placed teeth	315	9
Inability to chew food	280	8
Due to emergency/trauma	140	4
Referred from medical specialist	70	2
Referred from another dentist	35	1
Option not listed above	490	14

Oral hygiene behaviors differ greatly among regions, countries, and even within countries. Lack of access to dental care is one of the major challenges, misuse of services is another formidable challenge to reduce the rate of improvement of oral health in rural India. In particular, when it comes to rural people, there are many challenges related to improving oral

health care. The perception of people belonging to rural areas about common oral diseases and their health seeking behavior related to those diseases varies a lot as compared to urban areas.

Proper understanding of health-seeking behaviors can reduce diagnostic delays and improve treatment adherence and health promotion strategies. Patient-related factors such as age, gender, and family background appear to be the most important factors in the development of oral diseases while the risk of rural people appears to be increasing due to their location, eating habits, and oral hygiene practices. The most affected people with oral diseases (decayed teeth) are children which is why educating parents are very important. Early detection and protection are an important key to preventing the spread of oral diseases and improving the quality of life of the patient. To amend health behavior and improve their quality of life while reducing social inequalities regarding health, it seems crucial to consider both patients' portrayals regarding health as well as the social and emotional elements of their decision and behavior.

Poojashree and Somasundaram in the year 2015 reported that 33% of the children visited dentist for the 1st time due to the emergency situations.[7] However, in the present study, it is shown that only 4% of the population visits dentists for emergency treatment.

Conclusion

The most common reasons for a visit were due to pain and not with any preventive or diagnostic assistance. Therefore, the development of preventive program which focus on timely assessment of individual's oral health and appropriate interventions be recommended.

References

1. Arora SA, Jayna A, Sharma A, Atri M. Socio-demographic factors influencing preventive dental behaviors in an adult dentate population: A questionnaire based study. Indian J Dent Adv 2011;3:483-91.
2. Al-Shammari KF, Al-Ansari JM, Al-Khabbaz AK, Honkala S. Barriers to seeking preventive dental care by Kuwaiti adults. Med Princ Pract 2007;16:413-9.
3. Bachrach CA, Abeles RP. Social science and health research: Growth at the National Institutes of Health. Am J Pub Health 2004;94:22-8.
4. Quinonez C, Gibson D, Jokovic A, Locker D. Emergency department visits for dental care of nontraumatic origin. Community Dent Oral Epidemiol 2009;37:366-71.
5. GBD 2016 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990-2017: A systematic analysis for the Global Burden of disease study 2017. Lancet 2018;392:1789-8583.
6. Ganesh A, Muthu MS, Mohan A, Kirubakaran R. Prevalence of early childhood caries in India-a systematic review. Indian J Pediatr 2019;86:276-86.
7. Poojashree B, Somasundaram S. Causes for visiting dental clinic. J Pharm Sci Res 2015;7:727-8.
8. Harford JE, Ellershaw AC, Spencer AJ. Trends in Access to Dental Care among Australian Adults 1994-2008. Dental Statistics and Research Series No. 55. Cat. No. DEN 204. Canberra: Australian Institute of Health and Welfare; 2011. p. 12-43.
9. Cohen LA, Bonito AJ, Eicheldinger C, Manski RJ, Masek MD, Edwards RR, *et al*. Behavioral and socioeconomic correlates of dental problem experience and patterns of health care-seeking. J Am Dent Assoc 2011;142:137-49.