

Oral Health Prerequisite Scenario for Seeking Dental Care as Perceived by an Urbanised Indian Society

Azmat Kaur Sidhu

Author's Affiliation: Student, Department of Community Dental, Adesh Institute of Dental Sciences and Research, Adesh University, Bathinda, Punjab 151001, India.

Corresponding Author: Azmat Kaur Sidhu, Student, Department of Community Dental, Adesh Institute of Dental Sciences and Research, Adesh University, Bathinda, Punjab 151001, India.

E-mail: azmatsidhu59@gmail.com

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Abstract

Introduction: Oral health, as perceived by an individual, is determined by his culture, socio-economic status and personal conceptions. It's imperative that long held fallacies regarding oral health be impoverished to achieve optimal oral health status. **Aim:** The aim of this paper was to corroborate the ideology of an educated and aware individual, as his oral health condition that propagates him to visit a dentist.

Materials and Methods: An online survey was conducted using a self-structured questionnaire and 215 credible responses were included.

Results: The study revealed that a majority of the sample did not have regular dental visits, and absence of symptoms led to the misconception that dental check-ups were not required. Amongst symptoms, unaesthetic appearance (86.5%) was an affirmative primary factor which was deemed as a reason enough to seek help, followed by bleeding gums (57.7%) and tooth pain (55.8%).

Conclusion: This study has revealed that despite having a progressive mindset, accessibility to facilities, and being aware of consequences of its negligence, people tend to relegate their oral health avoiding precautionary measures. Reforms need to be inculcated by the health agencies to improve the national oral health status.

Keywords: Dental visit; Individual perception; Oral health.

Introduction

Oral health seems like an elusive and obscure concept even after strenuous efforts have been made to bring about awareness and alter the preconceived notions surrounding it.¹ According to the World Health Organization (WHO), "Promotion of oral health is a cost effective strategy to reduce the burden of oral disease and maintain oral health and quality of life." But

various taboos and misconceptions regarding oral health conditions, and ineptness about accurate application of preventive and corrective measures, leads to ignorance despite various signals which act as a hindrance in receiving timely and appropriate dental care.² This causes a detrimental effect on the overall health of the individual since oral health has been regarded as a significant factor which influences the overall physical and psychological health.³



Ubiquitous nature of advertising has led to the common man's perception of dentistry or oral health as an image of intense dental pain. Although the objective mindset with which those scenarios were broadcasted, was to initiate an active thought process regarding oral conditions, however, it led people to correlate dentists with worst case scenarios. This induced the belief that a dental professional needs to be visited when our situation resembles that of the advertising image i.e. extreme sensitivity and excruciating pain. This prejudiced mindset not only hampers the society from regular dental checkups but also causes people to forestall in situations where professional involvement is imperative.

Various lucrative insurance plans and economically supportive health policies with socio-demographic specific health facilities have led people of all strata to prioritize their general health. Due to the unpredictable nature of dental problems, lack of government focus, inadequate attention to the field, dental dilemmas have been sidetracked and not appropriately tackled. The National Oral Health Survey, conducted in 2005 by the Indian Dental Association (IDA), highlighted that 95% of the population in India suffers from gum disease, only 50% uses a toothbrush, and just 2% of the population visits the dentist.

Oral health as perceived by the individual is determined by his culture, socio-economic status and personal conceptions.⁴ Accessibility to dental care and insightful understanding further aid in determining the proclivity he would have, to seek dental care. Although tremendous efforts have been made on their part, dental awareness and public health programs have yet not been able to achieve the desired social attitude even among the educated and resourceful peers much less the lower social class.⁵

Materials and Methods

A cross-sectional survey was carried out amongst an educated, resourceful and urbanized middle class sectional group of India. Convenient sampling technique was used in the present study. The survey was conducted from June 2020 to August 2020.

As no similar precise and conclusive prototype questionnaire was available regarding oral health as subjectively perceived by the individual, an appropriate questionnaire was framed. The questionnaire prepared was pre-tested to verify understanding and comprehending of the

questions. Then this pre-structured close-ended questionnaire consisting of 10 multiple-choice questions was distributed online. 229 responses were received. Out of those, 14 responses were excluded to avoid errors, leaving the sample size to be 215.

The questionnaire comprised of two sections. First section included questions regarding general demographic information to ensure the social group of the participant, and to verify credibility of the participant. Second section included questions related to the research. Participants were provided with appropriate options and were requested to mark the option which they perceived as the most suitable choice. The data was compiled and the results were tabulated and analyzed.

Inclusion criteria: Responses were accepted from teens to self sustainable geriatric population. The sample belonged to an urban, middle-class group.

Results

Out of the 215 responses, 55.8% were female and 44.2% were male.

The majority of the population (34%) visited the dentist more than a year ago with a minority of 8.8% population never having visited a dentist.

Among the literate socio-demographic group, less than half (44.7%) of the population deemed regular dental check-ups necessary without any noticeable oral symptoms. (Fig. 1 or 2)

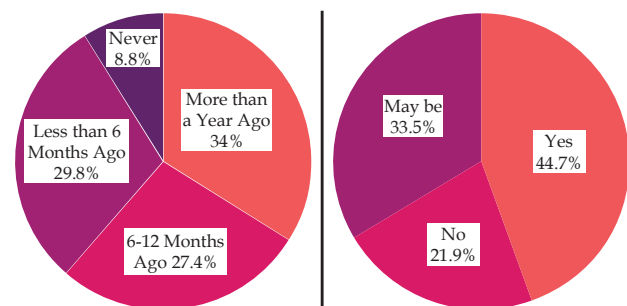


Fig. 1: When did you last visit the dentist?

Fig. 2: Do you think you should have regular visits to the dentist even if you have no symptoms?

In case of dental pain, the majority of the population (55.8%) would seek professional help, but 30% of them would preferably use home remedies. 10% would try to subside it with painkillers and a minority of them would ignore the indicator of something serious. (Fig. 2 or 3)

Analysis of aesthetic importance led to the result that appearance seemed to be a major motivation that singled out receiving dental treatment in

majority of the population (86.5%) in cases of unaesthetic appearance, pertaining to stains, mal-alignment or other orthodontic abnormalities.

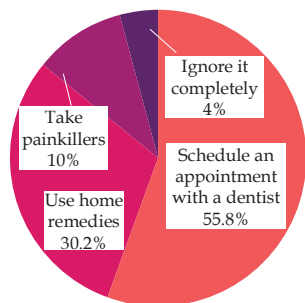


Fig. 3: If you have moderate pain in a tooth, you will:

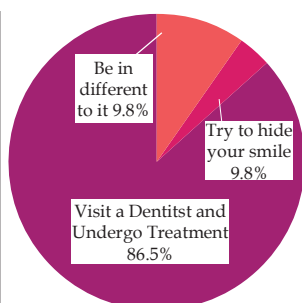


Fig. 4: If you feel you have unaesthetic appearance (discoloration/missing teeth/crooked teeth, etc), you will:

Although pertaining to the oral cavity, persistent dryness of mouth was not considered as reason enough to visit a dentist by a major group of population. Only 20.5% of the people deemed dental assistance necessary in this condition.

Majority of respondents (57.7%) would visit the dentist for consultation regarding bleeding gums, but the remaining population did not deem dental assistance necessary even for such a discernible symptom. (Fig. 5 or 6)

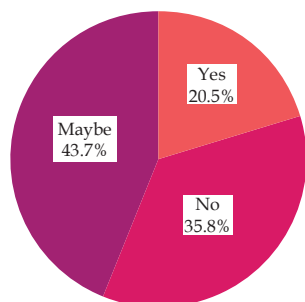


Fig. 5: If you have persistent dryness of mouth, do you think it is reason enough to visit the dentist?

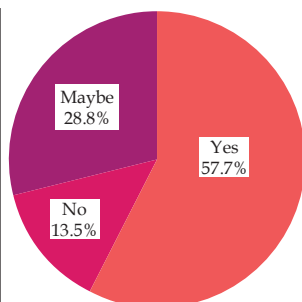


Fig. 6: If occasionally, you have bleeding gums while brushing; is it a serious enough reason to consult a dentist?

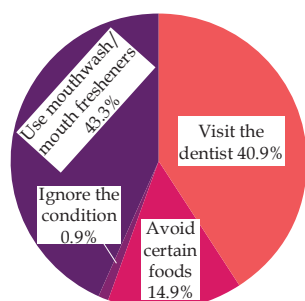


Fig. 7: If you have prolonged, noticeable bad breath, would you:

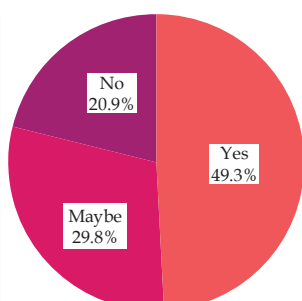


Fig. 8: Do you think children should have regular dental checkups and treatment even when they have milk teeth?

A large group (40.9%) would preferably visit the dentist for determining the underlying cause for

having noticeable bad breath, but the majority of the population (43.3%) uses a mouthwash instead to overcome it. (Fig. 7 or 8)

Although present temporarily in the mouth, survey results indicate that 49.3% of the population agrees with regular dental checkups necessary for children possessing primary dentition.

Less than 50% of the population considered missing teeth in old age an aberration and required dental guidance regarding the same. While 22.8% firmly agreed to it being a normal occurrence.

Misleading hearsay about past dental experiences of their acquaintances seems to have deterred almost half the population. But 48.8% of the respondents said they were exempted from its influence. (Fig. 9 or 10)

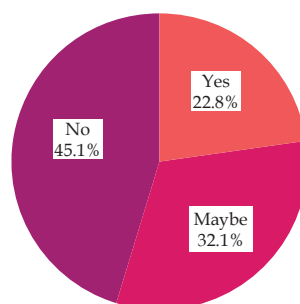


Fig. 9: Do you think it is normal to lose some of your teeth in old age, and there is no need to visit the dentist for the same?

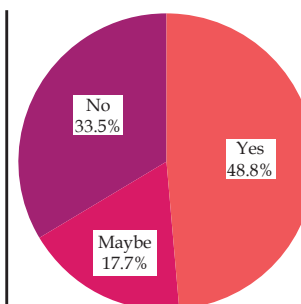


Fig. 10: Does hearing about a bad dental experience from a friend or relative make you hesitant to visit the dentist?

Discussion

The intent for conducting this study was to investigate the oral health status that an educated and aware individual would consider an indispensable reason to seek dental assistance for someone with easily accessible dental services. Conditions like dental caries, cuspal fracture, abrasion, attrition, etc., are deteriorating and deleterious but they do not affect the daily routine of the individual and their self-diagnosis is not possible, hence, they were not taken into account as they may not be considered as a preliminary reason to seek aforementioned services. An ample amount of data was available on the importance of oral health awareness but there was a dearth of studies regarding the perception of an individual's oral health to seek dental help.⁶

According to the results of this study, approximately 43% of the sample had never visited a dentist or had visited one, more than a year ago. Upon inquiring about the necessity of regular dental checkups, 55.4% of the population either adamantly

refused or were not sure about inculcating this practice into their lifestyle in the absence of any noticeable symptoms. When instigated further, the respondents claimed not being able to find the time for checkups as they have other prioritizing commitments. Also they feel that lack of pain or symptoms equates with absence of any dental problem as with other medical conditions being unaware that the pain could be avoided if necessary precautions and adequate steps were put in motion for maintaining viable oral health conditions. Lack of attention and involvement by the health sector regarding oral care, and inadequate conveyance of its importance for maintaining overall health, has created a dejected stance in the intellectual mind. This caused a recondite view of the profession and ignorance of even palpable symptoms due to the misdirection and lack of communication with the conveyers of these services.⁷

Furthermore, the participants conveyed feeling alienated in a dental clinic. The dental clinic is seen as a hostile environment, unlike medical hospitals, and they felt qualm due to lack of familiarization with the dental setting during childhood. As school going children are dependent on parents for their all around health care, the knowledge, attitude and cultural beliefs of the parents highly influence the future approach and mindset of their children for availing health services. Nearly 50% of the sample pertains to the mindset that treatment and care of primary dentition is not necessary as their presence in the oral cavity is temporary. Unfortunately, lack of proper attention and acquaintance with the dental setting at an early age is a prerequisite for maintaining and awareness, regarding the necessity of oral health. The belief of the parents that their teeth turned out fine despite any visits to the dentist, leads them to correlate this to their children's oral health, not taking into account the changes in diet and lifestyle. In addition to this, the fear that the dental treatment may be traumatizing for the child, makes them avoid the hassle of visiting the dentist, ignoring its necessity unlike its medical counterpart. This leads to an obscure view of the exigency of upholding certain oral health standards to keep up with today's rigorous lifestyle. So until deemed perfunctory, visits to the dentist are not considered to be an important part of one's life.⁸

This further strengthens the need for regular screening, and dental checkups to be inculcated at school level, and made part of their curriculum to aid in habituating them with its working, making it a part of their health goals. According to an Indian study, school based dental screening led to

an increase in dental attendance by 16%. Research shows that individuals, who received treatment as adolescents, were acquainted with the dental environment at an early age, were more receptive of forthcoming dental visits and had a sustainable dental patient relationship. Fear and anxiety were other shared concerns. Since a dental clinic seems like an aloof territory, it creates panic and makes the person feel apprehensive. This vulnerability acts as another hindering factor in approaching the dentist. Waiting procedure and hospital environment further add to already existing anxieties.

Another synonymous reason for not approaching the dentist was apathy and inertia with increasing age. Nearly 55% of the population considered it normal to lose some of their teeth in old age. Inadvertently dental care should be necessitated at all age groups but more so with increasing age as there is an increased risk of dental diseases.⁹

We live in a society highly driven by appearances. In correspondence with this, unaesthetic appearance seems to be the main motivational factor amongst peers for seeking dental care. 86.5% people responded with positive feedback for receiving treatment if any orthodontic anomalies or other deformities were encountered in their oral cavity.¹⁰ Although correction of these would ultimately lead to proper alignment of the teeth which would aid in maintaining optimal oral health but other symptomatic indicators like dental caries, non-prominent malocclusions and eroded teeth etc. cannot be ignored. If adequate awareness actions and new strategies paramount to increasing active inclusions by the crowd are not taken in the near future, it would leave the number of people receiving dental care in preliminary stages, when natural teeth can be preserved and maintained for their long-lasting use, solely based on those few visiting the dentist who are concerned with their aesthetics and would lead to further downfall of the country's oral health status.¹¹

Initially, the respondents believed the symptoms to be self-resolving or reimbursed using home remedies and self-care. They regarded pain in the tooth similar to pain in other parts of the body, so preliminary efforts were made to resolve it using painkillers. Further use of online resources and friendly suggestions led to misinterpretation of symptoms and sidetracked them from the actual problem leading to deteriorating prognosis.¹² What eventually prompted them to seek guidance was change in intensity and persistence of symptoms for chronic time periods. Interference of these symptoms with their daily routines and their

unlikeness to resolve on their own also spurred the need to scout help.

Certain symptoms seem more impactful than others. Persistent dryness of mouth and chronic bad breath are also indicators of some underlying disease but bleeding gums seem to be the most tenacious motivator among the three for seeking dental care. 20.5% and 40.9% people responded with an affirmative yes for soliciting assistance regarding oral dryness and noticeable bad breath respectively, whilst almost 60% accounted for getting help in case of bleeding gums.

On approaching the dentist, if not tackled in a friendly and optimistic manner, regarding their sometimes irredeemable oral problems, leads to further apprehension regarding the profession. From this sprouts the belief that dental professionals like their medical counterparts' may be money driven and exaggerating the symptoms at hand, which further adds to the mistrust in an already unexplored/uncharted profession.

Nearly 50% of the population seems to be affected by hearing about an erroneous experience from an acquaintance. This obstruction further needs to be dealt with increasing awareness regarding different oral health scenarios. Although social networking does not eliminate different barriers prevalent, it does act as a motivating factor for increased utilization of dental services. Not only does socialization cause people to have a higher reverence for their overall aesthetics and health, but they also have emotional support, less stigmas and more access to redeem such services.

Conclusion

An urbanized society needs to diligently include frequent dental checkups and precautionary measures. Furthermore, the public and private sector need to provide the field with its well deserved importance. If this derogatory and obscure mindset persists in an urbanized and educated society, the rural areas must be facing even more depreciating oral conditions. Strenuous efforts need to be made to alter the outlook and overall approach of the population towards seeking oral care. Increased awareness, knowledge and accessibility leads to decreased equivocation of different oral health scenarios propelling an increase in their utilization and better prophylaxis of the country's oral health status.

Conflict of Interest

There are no conflicts of interest.

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Nil.

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