

## **Oral health seeking behaviour among patients attending outpatient clinic in University of Ilorin teaching hospital (UIITH) Ilorin**

**Ernest, M.A., \*Adeyemi, M.F., Bolarinwa, O.A., Alabi K.M.**

### **Abstract**

**Introduction:** In sub – Saharan Africa, oral health services are greatly hampered by low availability and poor accessibility to health care and these are various interrelated factors responsible. This study determined the factors that influence oral health seeking behavior among patients attending outpatients' clinic.

**Methodology:** A total of 460 patients were selected into the study from the outpatients' clinic using systematic random sampling. Data was collected and was analyzed using SPSS 17. The significant level was set at 0.05

**Results:** Of the 97.3% of the respondents with awareness of oral health facility, 90.9% of them had oral health facility within 5km distance. The commonest complaint was toothache. Majority of the respondents (88.2%) accessed orthodox oral health services mostly for teeth extraction (61.3%). There was statistically significant difference between the awareness of Oral health facility and closeness to residence.

**Conclusion:** Age, awareness and attitude have positive effect on health seeking behavior of patients.

**Keywords:** orthodox, awareness, behavior, seeking, attitude

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## Comportement de recherche de santé bucco-dentaire chez les patients fréquentant une clinique externe de l'hôpital universitaire de l'Université d'Ilorin (UIH) Ilorin

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### Résumé

**Objectif:** En Afrique subsaharienne, la disponibilité et l'accessibilité des services de santé bucco-dentaire sont sérieusement limités et déterminés par divers facteurs interdépendants. Cette étude a déterminé les facteurs qui influencent le comportement de recherche de santé bucco-dentaire chez les patients fréquentant une Clinique externe.

**Méthode de l'étude:** Un total de 460 patients a été sélectionné dans l'étude à partir de la clinique externe en utilisant un échantillonnage aléatoire systématique. Les données ont été collectées et analysées à l'aide de SPSS 17. Le niveau significatif a été fixé à 0,05.

**Résultats de l'étude:** Sur les 97,3% des répondants connaissant un établissement de santé bucco-dentaire, 90,9% d'entre eux avaient un établissement à moins de 5 km. La plainte la plus fréquente était le mal de dents. La majorité des répondants (88,2%) ont eu recours aux services de santé bucco-dentaire orthodoxes principalement pour l'extraction des dents (61,3%). Il y avait une différence statistiquement significative entre la connaissance de l'établissement de santé bucco-dentaire et la proximité de la résidence.

**Conclusion:** l'âge, la conscience et l'attitude ont un effet positif sur leur comportement de recherche de santé.

**Mots-clés:** Orthodoxe, conscience, comportement, recherche, attitude

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## INTRODUCTION

Oral diseases have been found worldwide to be a huge disease burden, as virtually every individual is affected (1-3). In sub-Saharan Africa, there is gross deficiency in the availability and accessibility of oral services (2,4-8). Many factors affect health seeking behavior which are; cultural, social, geographical, environmental and health system (9).

The attitude of health workers and perception of patients about dentists have been found to affect their health seeking behavior (10-15). Therefore, this study assessed the knowledge of oral health care seeking behavior of patients attending University of Ilorin Teaching Hospital.

## METHODOLOGY

This study was carried out at outpatient clinic of Family Medicine Department of the University of Ilorin Teaching Hospital (UITH), Ilorin. It was a descriptive cross-sectional study. A total of 460 respondents attending the outpatient clinic in UITH were included in the study. All consenting adult respondents who were eligible were included in the study. The ethical clearance was obtained from the Ethical and research (ERC) of UITH. Respondents were consented adults who were recruited into the study through a systematic random sampling from the daily clinic register. The first recruit was done by balloting while subsequent selection was by a sampling interval of 4.

Data was collected by structured interviewer administered questionnaires. Four research assistants were recruited and trained for the data collection. The questionnaire was pretested and validated. Data was entered and analyzed using statistical package for social science SPSS 17. The level of significance was set at 0.05 and 95% confidence interval (CI). Both descriptive and inferential analysis were presented.

## RESULTS

The mean age of the respondents was 41.4 ( $\pm 16.0$ ) years with age group 31-40 constituting a quarter (25.4%) of all the age groups (Table 1). There were more males (52%) than the females (48%) while more than two-thirds of the respondents were married (73.5%). More than half of the respondents obtained tertiary education (48.5%) while a few had no primary education (16.1%). Over a third (37.3%) of them was unemployed, only 22.2% were civil servants.

Yoruba predominated (90.6%) over other tribes and more than a third (67.6%) was monogamous family.

Four hundred and forty-nine (97.6%) of the respondents were aware of oral health facility of which 418 (90.9%) were aware of the oral health facilities close ( $\leq 5$ km) to their residents (Table 2). Another 253 (55.0%) respondents are aware of traditional oral health facility and of this, only 42 (16.6%) are aware of it close to their homes. Of the 83 (18%) respondents that are aware of Chemists shops offering oral healthcare, 43 (51.8%) of them have the Chemists' shop close to their homes (Table 2). More than half (57.2%) of the respondents are aware of toothache as the commonest oral health disorders. Dental practitioners (27.0%), Medical Doctors (24.2%) and Dental technologists (26.1%) are the common category of health workers that the respondents know to render oral health care.

Only 19.7% of the respondents had good attitude towards oral healthcare services and over three-quarters (76.7%) had fair attitude (Table 3). No factor was found to be significantly associated with attitude (table 3). Of the 460 respondents, 29.1% of them had ever accessed oral healthcare services. Similarly, slightly over half (52.2%) of them suffered oral health conditions, 35% of which was in the preceding 12 months (Table 4). Tooth extraction (61.3%) was the commonest dental treatment obtained while majority utilized orthodox oral health facilities (88.2%). Age ( $p=0.025$ ), awareness ( $p=0.007$ ) and attitude ( $p=0.001$ ) were significantly associated with utilization of oral healthcare services.

## DISCUSSION

### Socio-demographic Characteristics

The mean age of the subjects was 41 years with a range of 30–60 years. Males were more than females which is rather a deviation from the norm in this environment. This may be cultural as females may require the consent of their husbands in many cases before divulging information especially in a predominantly Muslim area and they may have financial constraints as most are dependent on their husbands (16). Two thirds of the respondents were married in monogamous family set up. Majority of the respondents were highly educated with almost half having tertiary education. This corroborates the fact that education plays a major role in positively seeking health care (17).

The awareness of oral health facilities was high in this study. This could be adduced to

the fact that respondents chosen were from hospital premises which means that they already had good access to healthcare facilities. However, the awareness of traditional oral health was low and many were living far from the traditional centers which may be responsible for the low patronage of their services. On the contrary in-depth knowledge of oral health disorders was poor but the majority of the respondents had knowledge of toothache. This is in line with some e past studies (17,18) which reported that many respondents visited oral health facilities mainly for toothache(17,18).

The respondents rated Dentists and Dental technologists almost at par in their knowledge of category of people that rendered oral health care when they have a dental need. Presently Nigeria with a projected population of 193 million has less than 5, 000 Dentists with one Dentist for 38, 600 people (reference?). This compared with 1 to 2000 in most developed countries (19).This may account for why other health practitioners such as dental technologists, are consulted at almost the same rate as dentists in our environment.

Two thirds of the respondents had never accessed oral healthcare services in the preceding one year. This is a common trend worldwide as most people attend the clinic only when there is severe pain, even though about half of the subjects had suffered oral health conditions (20).The clinic attendance of those who had suffered oral health disorder in the last one year was much higher compared to those who did not have any ailment. This shows that oral health disorders drive clinic attendance (21).

Extraction was the major treatment received by the respondents and this is in agreement with the report by WHO and other previous studies (22). More females had tooth extractions than males which is similar to previous studies (17,18,21). More than 60% of the respondents had tooth extractions, while only 17 % had fillings. The low utilization of tooth fillings is attributed to late presentation in the clinic and the cultural perception that filled restorations do not last and eventually such filled teeth would be extracted (22). In this study the majority of participants reported to have experienced dental problems and the leading problem being tooth ache followed by tooth decay however, very few reported to have visited the dentist which means that many people usually suffer from dental diseases but do not seek treatment. This could be due to dental treatment fear and costs. The cost of a restoration in our

facility doubles that of an extraction. In a study carried out among secondary school students in Iringa municipality in Tanzania, three quarters of the patient had tooth extraction which is due to late presentation by patients (23). Only 8% had Scaling and polishing. This is in consonance with other studies that show low utilization of this service which is a preventive procedure that every individual should have twice a year in order to achieve good oral health (23).Oral health education is very important for people to understand the importance of preventive dental checkups and reporting to dentist at early stages of dental diseases.

The respondents patronized mainly Orthodox Oral health facility. The fact that most are educated may be responsible for this as education has been found to influence patronage of orthodox medicine (reference?).Nevertheless, communities with no access to Orthodox care patronize traditional healers for tooth extraction (24).More than half of those that sought dental care were less than 40 years old. This age group is likely to have the physical strength and financial resources to care for their oral health needs. There was statistically significant difference among the age groups and their oral health seeking behavior. This shows age is an important factor in oral health seeking behavior (23).

Generally, the respondents had fair attitude towards their oral health. There was statistically significant difference between attitude of the respondents to their oral health and their health seeking behavior.

## CONCLUSION

The importance of oral health education to improve poor perceptions of oral health and to encourage people to seek preventive care instead of assessing care at the terminal end of illness due to pain cannot be overemphasized. There is the need to pay attention to geriatric oral care since age group are not likely to have the physical strength and financial resources to care for their oral health needs. There is therefore the need to integrate oral health education and incorporate domiciliary dental care in gerontology

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**Table 1:** Socio-demographic characteristics

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Age Group</b>		
= 30	150	32.6
31- 40	117	25.4
41 – 50	63	13.7
51 – 60	61	13.3
= 61	69	15.0
<b>Mean ± SD</b>		<b>41.4 ± 16.0</b>
<b>Sex</b>		
Male	239	52.0
Female	221	48.0
<b>Marital Status</b>		
Married	338	73.5
Single	95	20.7
Widow	23	5.0
Divorced/Separated	4	0.8
<b>Level of education</b>		
Primary	74	16.1
Secondary	103	22.3
Tertiary	223	48.5
Quranic	21	4.6
Vocational	39	8.5
<b>Occupation</b>		
Unemployed	172	37.3
Civil servant	104	22.6
Business/Trading	97	21.1
Artisan	54	11.7
Farming	33	7.3
<b>Ethnicity</b>		
Yoruba	417	90.6
Hausa	10	2.2
Igbo	9	2.0
Nupe	10	2.2
Others	14	3.0
<b>Family type</b>		
Monogamy	311	67.6
Polygamy	149	32.4

**Table 2:** Awareness and Knowledge of Oral Healthcare facility and Oral health disorders (N=460)

Variables	Frequency	Percentage
<b>Awareness of Oral health facility</b>		
Yes	449	97.6
No	11	2.4
<b>Awareness of oral health facility close to residence (N=449)</b>		
= 5km	418	90.9
> 5km	31	6.7
<b>Awareness of traditional oral health facility</b>		
Yes	253	55.4
No	207	44.6
<b>Closeness of traditional oral health facility to residence (N=253)</b>		
Yes	42	16.6
No	211	83.4
<b>Awareness of Chemist offering Oral health facility</b>		
Yes	83	18.0
No	377	82.0
<b>Closeness of chemist close to residence (N=83)</b>		
Yes	49	59.0
No	34	41.0
<b>Awareness of common Oral health disorders</b>		
Tooth ache	421	57.2
Gum swelling	135	18.3
Tooth loss	74	10.1
Injury to mouth/teeth	37	5.0
Broken tooth	41	5.6
Jaw injury	16	2.2
Tumours	12	1.6
<b>Knowledge of category of people that rendered oral health care</b>		
General Dental practitioner	439	27.0
Dental technologist	424	26.1
Medical Doctor	394	24.2
Nurses	134	8.2
Chemist	132	8.1
Traditional healer	102	6.3

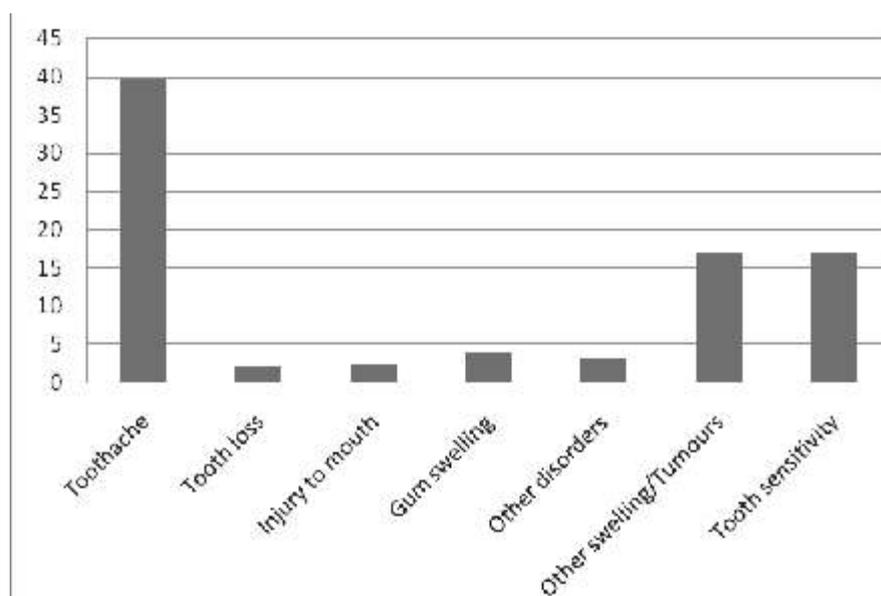


Figure 1: Oral health Disorder Pattern among the Respondents

Table 3: Attitude towards Oral health Disorders and Services

Variables	ATTITUDE SCORE (N=460)			<sup>2</sup> statistics (df)	p-value
	Poor 17 (3.7%)	Fair 353 (76.7%)	Good 90 (19.6%)		
<b>Age Group</b>					
= 40	7 (2.6)	204 (76.4)	56 (21.0)	4.494 (4)	0.343
41- 59	7 (2.6)	80 (74.1)	21 (19.4)		
= 60	3 (3.5)	69 (81.2)	13 (15.3)		
<b>Gender</b>					
Male	9 (3.8)	185 (77.4)	45 (18.8)	0.173 (2)	0.917
Female	8 (3.6)	168 (76.0)	45 (20.4)		
<b>Occupation</b>					
Unemployed	9 (5.2)	129 (75.0)	34 (19.8)	1.870 (2)	0.393
Employed	8 (2.8)	224 (77.8)	56 (19.4)		
<b>Awareness of Orthodox Dental service</b>					
Yes	6 (2.4)	184 (74.8)	56 (22.8)	5.285 (2)	0.071
No	11 (5.1)	169 (79.0)	34 (15.9)		
<b>Ever accessed Orthodox dental care</b>					
Yes	3 (2.2)	103 (76.9)	29 (20.9)	1.257 (2)	0.533
No	14 (4.3)	250 (76.7)	62 (19.0)		

**Table 4:** Oral Health Seeking Behavior Pattern

Variables	Frequency	Percentage
<b>Ever accessed Oral healthcare services</b>		
Yes	134	29.1
No	326	70.9
<b>Ever suffered Oral health condition</b>		
Yes	240	52.2
No	220	47.8
<b>Suffered Oral healthcare condition in the last 12 months (N=240)</b>		
Yes	80	35.0
No	160	65.0
<b>Pattern of Dental treatment obtained (N=134)</b>		
Medication only	49	26.3
Extraction	114	61.3
Filling of cavities	32	17.3
General cleaning	15	8.1
<b>Oral health facility patronized (N=202)*</b>		
Orthodox Oral health facility	178	88.2
Alternative sources of Oral health care	24	11.8
<b>Reasons for patronizing Orthodox Oral health facility</b>		
Friendly staff	184	19.2
Adequately equipped	183	19.1
Skilled staffs	182	19.0
Adequate service	180	18.8
Affordable	158	16.5
Close to residence	69	7.2
<b>Reasons for patronizing Alternative Oral health services (N=24)</b>		
Skilled staffs	11	19.6
Affordability	10	17.9
Close to residence	10	17.9
Friendly staff	10	17.9
Adequately equipped	7	12.5
Adequate service	8	14.3

\*not mutually exclusive

**Table 5:** Other Determinants of Oral Health Seeking Behaviour

Variables	Seek oral health services in the preceding year (N=240)		<sup>2</sup> statistics (df)	p-value
	Yes 186 (77.5%)	No 54 (22.5%)		
<b>Age Group</b>				
= 40	107 (81.1)	25 (18.9)	7.414 (2)	0.025*
41- 59	51 (81.0)	12 (19.0)		
= 60	28 (62.2)	17 (37.8)		
<b>Gender</b>				
Male	102 (76.1)	32 (23.9)	0.332 (1)	0.565
Female	84 (79.2)	22 (20.8)		
<b>Occupation</b>				
Unemployed	75 (76.5)	23 (23.5)	0.089 (1)	0.765
Employed	111 (78.2)	31 (21.8)		
<b>Awareness of Oral health facility close to residence</b>				
Yes	133 (82.6)	28 (17.4)	7.321 (1)	0.007*
No	53 (67.1)	26 (32.9)		
<b>Attitude</b>				
Poor	4 (36.4)	7 (63.6)	13.020 (2)	0.001*
Fair	133 (77.3)	39 (22.7)		
Good	49 (86.0)	8 (14.0)		

\* = significant

Attitude Scoring: SA = 4, A = 3, IND = 2, D = 1 SD = 0.

Reverse scoring = SD = 4, D = 3, IND = 2, A =1, SA =0

Classification of Attitude:

Poor = &lt; 12

Fair = 12 – 18