Dental phobia and its effects on oral healthcare seeking behavior among, i patients visiting university of nairobi dental hospital.

Background. Dental phobia had traditionally been defined as both irrational and exaggerated behavior but studies have shown that this is not the case. Previous studies have demonstrated that individuals with dental phobia only visit dental clinics only when they are in severe pain. In Kenya very little has been done concerning dental phobia and yet majority of the Kenyan population does not regularly visit the dentist. There is scarcity of information concerning dental phobia in the adult population in Kenya.

Objective: To determine the causes of dental phobia and its effects on oral healthcare seeking behavior.

Design: Descriptive cross sectional study.

Setting: University of Nairobi dental Hospital.

Materials and Methods: A sample size of 127 patients was used. Patient selection was based on informed consent and ability to understand simple English. A self administered questionnaire was used to collect the data. Variables included age, gender, past dental experiences, residence and dental phobia. The mean phobia score of several procedures was used based on Corah's dental anxiety scale to rate the levels of dental anxiety and phobia and its effects on oral health seeking behavior.

Results: A total of 127 respondents participated in this study. 62(48.8%) of them were male while 65(51.2%) were female. 53(51.5%) admitted that they feared visiting dentists and 50(48.5%) did not fear. 50% of the males feared while 52.7% of the females feared. Fear of injections accounted for the major reason why most patients feared visiting dentists 24(35.8%) followed by bad previous dental experience 19(28.4%). 62.7% of the patients admitted having fear since childhood. 51% of those who feared dental treatment had fearful relatives.25 (47.2%) of the patients lacked fear of visiting dentists due to good previous experience. 25(47.2%) of those who feared dental visits would visit a dentist only when they were in severe pain and 16(30.8%) would visit when they had a dental problem even if not severe. Among those who feared, 10(33.3%) had had one extraction, while 9(30%) had had two extractions. The one who had sixteen extractions did not fear dental treatment. The most common disliked treatment was extractions 44(57.1 %). The leading cause of disliking treatment was due to painful experience 50(75.8%). 13(25.5%) of those who feared had the dental problem for more than five years. 20(62.5%) of those who failed to attend dental appointments feared dental visits. Majority of the patients had failed to attend dental appointments because the treatment was expensive and they did not have money to pay for it 10(32.3%) and painful previous appointment accounted for 6(19.4%). 19(73.1%) of those who postponed appointments feared dental treatment feared treatment. 22(42.3%) of them would be uneasy about visiting a dentist the following day. From the present study, the mean score for each of the procedures were determined. The most feared three procedures included: seeing the needle and syringe for anaesthesia (3.4), receiving the anaesthetic
injection (3.3) and hearing the dentist drill was 3.2.

Conclusion: Most important factors contributing to dental phobia include bad previous experience, fear of invasive procedures like injections, expensive dental treatment and too many appointments. Most of the patients with dental fear reported that it started during childhood. Factors that would make a patient not to fear dental treatment include: good experiences made by dentist being gentle, using anaesthesia and performing simple procedures especially during the first visits. Patients with fear only visit the dentist when they are in severe pain. Patients with dental fear fail to honor dental appointments and they also tend to postpone appointments. The most feared three procedures included: seeing the needle and syringe for anaesthesia - 3.4, receiving the anaesthetic injection 3.3 and hearing the dentist drill 3.2.

Recommendations: Since the majority of the patients would not visit a dentist unless they have a dental complain creating awareness of the need for regular dental checkups is necessary. Patients with dental phobia should be counseled before treatment and what is going to happen during the procedure and what to expect. It is suggested that the Government may consider subsidizing the cost of dental treatment and make it available even to the less fortunate. This will result in increased utilization of oral health services. Dental professionals are also implicated as causing fear, so it is important that they handle patients carefully and gently.

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