ORAL HEALTH SEEKING BEHAVIOUR AMONG STUDENTS OF COLLEGE OF HEALTH SCIENCE:

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A research report submitted in partial fulfillment of the Bachelor of Dental Surgery (BDS) degree.
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ABSTRACT:

**Background:** The prevalence of oral diseases is on the rise. This should not be the case as these diseases are easily detected and prevented by seeking oral care and treatment early.

**Objective:** The objective is to determine the oral health seeking behavior of students of College of Health Sciences.

**Study area:** The study will be done in the College of Health Sciences. This is one of the seven colleges in the University of Nairobi.

**Study design:** A descriptive cross sectional study will be carried out.

**Methodology:** Study population will comprise of 88 undergraduate students in the schools of dental sciences, medicine, pharmacy and nursing sciences. Random stratified method of sampling will be used. Self administered questionnaire will be used to collect the data. It will entail the students’ reason for seeking treatment and for not seeking treatment, their reason for delay in seeking treatment and their attitude towards oral health.

**Perceived benefits:** The data obtained from this study may help educate the students, who can then educate others on the benefits of seeking oral care and treatment early. This study is also in partial fulfillment for the award of a degree in Bachelor of Dental Sciences from the University of Nairobi.
INTRODUCTION:

Oral Diseases and their Trend:

WHO recently published a global review of oral health which emphasized that despite great improvements in the oral health of populations in several countries, global problems still persist. This is particularly so among underprivileged groups in both developing and developed countries. Oral diseases such as dental caries, periodontal disease, tooth loss, oral mucosal lesions and oropharyngeal cancers, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)-related oral diseases and orodental trauma are major public health problems worldwide. The experience of pain, problems while eating, chewing, smiling and communication due to missing, discolored or damaged teeth have a major impact on people's daily lives and well-being. Furthermore, oral diseases restrict activities at school, at work and at home causing millions of school and work hours to be lost each year throughout the world.

Oral Disease Burdens and Risk Factors:

The current global and regional patterns of oral diseases largely reflect distinct risk profiles across countries, related to living conditions, lifestyle and the implementation of preventive oral health systems. The significant role of sociobehavioural and environmental factors in oral diseases and health has been shown in numerous epidemiological surveys. Socioepidemiological studies have been carried out particularly in relation to dental diseases. In developed and increasingly developing countries these studies have noted that the burden of diseases and the need for care are highest amongst the poor or disadvantaged population groups. The sociobehavioral risk factors have been found to play significant roles in the occurrence of dental caries in both children and adults worldwide. Some countries report that tooth loss is higher in women than men as women more often seek dental care.
Oral Health Seeking Behavior:

Adopting a habit of visiting dentist regularly is one of the common messages in oral health education. A survey conducted in the United States in 1995 reported the respondents had visited a dentist during the previous 12 months. In 1997, another study revealed 75.5% of the population, 25 years of age or older who had a dentist indicated that they had visited the dentist the preceding year. A survey of utilization of dental services among university students in Helsinki showed that in the previous 12 months 59% of the students had had a dental appointment. Generally, dental utilization rate was higher among females; it increased with income and education and decreased with age.

Barriers to Seeking Oral Health:

Barriers to seeking oral health care could be: chronic health conditions, anticipation of painful experience, anticipation of worsened aesthetics, distance to the hospital, anticipation of expensive dental charges, and attitude of staff in previous visit, anticipation of long waiting time, failure of previous treatment or they are just too busy to seek dental care.
A study carried out by Edward CM, et al in 1998 on determinants for dental visits behavior among Hong Kong Chinese adults suggested that subjects who had better oral hygiene were more educated and earned more than their less educated counterparts and had more prevention-oriented attitudes. These individuals were also regular users of dental treatment.

Another study in Hong Kong of two age groups, 35-44 year olds and 65-74 year olds revealed a greater utilization of dental services, 43%, among the younger age group compared to the older age group, 23%. Those who did not visit a dentist reasoned that they did not think they had a condition that required treatment.

A study carried out by Gora Thompson, et al in 2000 on whether socioeconomic status overrides age and gender in determining oral health seeking behavior in rural Pakistan revealed that about 35% of those reported having been ill during the previous 15 days consulted Para-professionals such as a village doctor, a medical assistant or a health community worker. House hold’s poverty status emerged as the major determinant of oral health seeking behavior. Patient’s level of education determined whether they avoided self care and drug sales and instead chose a formal practitioner.

Selikowitz HS at al carried out a study on Pakistan immigrant in Norway and found a higher utilization of dental services among women than men. This finding was supported by a different study in United States by Kiyak.
A study done by Adams A, et al (2005) on oral health seeking behaviors of adults with dental problems in rural Bangladesh suggested that majority of adults sought treatment from unqualified allopathic providers (untrained drug retailers/vendors) while others sought care from semi qualified Para-professionals. Poverty emerged as the most significant determinant of oral health seeking behavior and individuals from poor households were nearly two times more likely to practice self-care or seek treatment from unqualified person.

In a study done by Seyd Masud et al. in 2001 on determinants of oral health seeking behavior of adults in rural Bangladesh showed that older people and those who are less educated were seeking treatment from unqualified practitioners while those who are more educated chose formal allopathic practitioners who are more qualified. In conclusion he found that socioeconomic indicators were the single most determinant of oral health seeking behavior among the study population overriding sex and age.

Razak et al. in a study on the dental needs, demands, and patterns of service utilization in a selected Malaysian urban population found that toothache accounted for the most frequent overall dental complaint. However, the most common motives for seeking dental care varied among children (2-12 years), adolescents (13-18 years) and adults (19 and above years). The attendance behavior of women is more preventive orientated and more inclined towards rehabilitation compared to that of men.
Statement of research problem:

Oral diseases do not present with any signs and symptoms in the early stages. This leads to many people not seeking treatment early with majority going for treatment when signs and symptoms occur. However, some might still not seek treatment due to ignorance, lack of time, fear of dental procedures, high cost of dental procedures among others: leading to increase in severity of the oral disease requiring extensive treatment with poor prognosis.

Justification for the study:

There is scanty information regarding the oral health seeking behavior of students in the region. This study aims to investigate oral health seeking behavior of students of the college of health science. The data obtained could be used to formulate strategies aimed at improving the oral health seeking behaviors of the students.

OBJECTIVES:

General Objectives:

To determine the oral health seeking behavior among students in the college of health sciences.

Specific Objectives:

1. To determine how often the students visit a dentist.
2. To determine the reasons for visiting a dentist.
3. To determine reason for not visiting a dentist.
4. To determine the attitude towards oral health care.

Hypothesis:

Students who seek oral health care and treatment on regular basis are more likely to have a good oral hygiene.
### MATERIALS AND METHODS:

#### Study Area:

The study will be conducted at the University of Nairobi, which is located in Nairobi, the capital city of Kenya. The university has seven colleges among which is the College of Health Sciences situated at Kenyatta National Hospital. The college has four schools, namely The School of Medicine, The School of Dental Sciences, The School of Pharmacy and The School of Nursing.

#### Study Population:

All undergraduate students admitted in the schools of medicine, pharmacy, nursing and dental sciences.
Study Design:

The study will be a descriptive cross sectional study.

Sample Size:

A confidence level of 90% will be used in this study. The following formula will be used to compute the sample size:

\[ N = \frac{Z^2 P (1-P)}{C^2} \]

Where: 
- \( N \) = Sample size.
- \( Z \) = Index corresponding to confidence level of 90% which is 1.645
- \( P \) = Prevalence level = 0.9
- \( C \) = 1 - confidence level = 0.05

Thus \( N = \frac{1.645^2 \times 0.9 \times (1-0.9)}{0.05^2} = 97 \)

The student population in the College of Health Sciences is less than ten thousand. Therefore, desired sample size for population less than ten thousand will be moderated from the formula:

\[ n_f = \frac{n}{1+n} \]

Where:
- \( n_f \) = desired sample size for population less than ten thousand.
- \( n \) = desired sample size for population more than ten thousand.
- \( N \) = estimated size of population with characteristics of interest under investigations.

\[ n_f = \frac{97}{1+97} = \frac{97}{1000} = 88 \]
Sampling Methods:
A stratified random sampling method will be used to select subjects from medicine, dental, pharmacy and nursing schools. There will be 22 students selected from each school randomly. The number will be distributed equally among the different levels of study and half of these will be male and the other half will be female.

Data Collection Instruments and Techniques:
A self administered questionnaire will be used to collect the data. It will entail the students' reasons for seeking treatment and for not seeking treatment, their reasons for delaying in seeking treatment and their attitude towards oral health.

Inclusion Criteria:
All medical, dental, pharmacy and dental students who will give consent to the will be included in the study.

Exclusion Criteria:
1. All students who do not give consent.
2. Students who are not admitted in any of the four courses.

Ethical Considerations:
1. Approval to conduct the study will be sought from Kenyatta National Hospital and the University of Nairobi Ethical, Research and Standard Committee.
2. All the students who will meet the inclusion criteria will be issued with a questionnaire.
3. Informed consent will be obtained from the students before issuing the questionnaire.
4. Any information collected will be kept confidential.
5. Subjects will be free to withdraw from participating in the study at any given time.
Data Analysis and Presentation:
Data will be analyzed with the aid of the computer using Microsoft Excel software and SPSS. Mean will be used to determine the relationship between the categorical variables. Cross tabulation will be used to compare the different variables. The results will be presented in the form of tables and graphs.

Problems Experienced:
1. Lack of adequate time to do the study.
2. Financial constraints.

Perceived Benefits:
1. It may help educate the students, who can then educate others on the benefits of seeking oral care and treatment early.
2. This research project is in partial fulfillment for the award of a degree in Bachelor of Dental Sciences from the University of Nairobi.
## BUDGET

### PROPOSAL

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### DATA COLLECTION

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### DATA ANALYSIS

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**TOTAL** 4452
REFERENCES:


b) Don't want to waste money on dental care.

c) Afraid I might not like him/her.

d) Too busy.

e) No need.

f) No serious dental problem.

g) Dental problem will go away.

h) Dentist's office (clinic) too far away.

i) Other.

j) Don't know.

h) No answer.

4. What was the reason for your most recent visit to a dentist?

   a) Something was wrong.

   b) I thought it was time for treatment.

   c) The dentist reminded me it was time for a check-up and cleaning.

   d) It was part of a treatment.

5. What type of care did you receive at your most recent visit?

   a) An examination.

   b) An x-ray.

   c) Cleaning.
d) Instruction in taking care of teeth and gums

e) Fluoride treatment

f) Fillings

g) A crown

h) Root canal work

i) Inlay work

j) Bridge work

k) Extraction

l) Denture work

m) Periodontal/gum treatment

n) Orthodontic work

o) Any other treatment

6. Do you think it’s important to seek dental treatment?

   Yes

   No

Explain your answer

--------------------------------------------------------------------

15.
7. Do you think it’s important to go for routine dental check-up?

Yes

No

Explain your answer.
ORAL HEALTH SEEKING BEHAVIOUR AMONG STUDENTS OF COLLEGE OF HEALTH SCIENCES:

CONSENT FORM

I, Mariam Abdul Bakhrani, a 3rd year student pursuing bachelor of dental surgery in the university of Nairobi, school of dental sciences humbly request for your participation in the above mentioned study that will form part of my degree course. Kindly fill in the questionnaire. The data obtained from these questionnaires will be recorded and analysed for research purposes only.

Your participation will be highly appreciated.

Thank you.

Mariam Abdul.

I do hereby freely consent to participate in the above mentioned study. I understand that no harm will be caused to me and that I am at liberty to withdraw my participation at any time. I am also informed that all information I shall give will be treated with utmost confidence.

Participant’s Signature: .................................................................