

# Reasons for Delay in Seeking Dental Treatment among Patients Visiting a Dental Hospital in Kathmandu, Nepal

Dr. Seema Shrestha,<sup>1</sup> Dr. Anju Khapung,<sup>2</sup> Dr. Bishnu Ghimire<sup>3</sup>

<sup>1,3</sup>Department of Oral Medicine and Radiology, Nepal Medical College and Teaching Hospital, Kathmandu, Nepal

<sup>2</sup>Department of Community and Public Health Dentistry, Nepal Medical College and Teaching Hospital, Kathmandu, Nepal

Correspondence :

Dr. Seema Shrestha. Email: dr.seemashrestha@gmail.com

## ABSTRACT

**Introduction:** In Nepal, people have a lower record of dental visits, a higher rate of dental disease with loss of teeth at an earlier age compared to developed countries. There are a lot of barriers that prevent people from seeking early dental care.

**Objective:** To identify the reasons for the delay in seeking dental treatment among patients visiting a dental hospital in Kathmandu.

**Materials and Method:** In this questionnaire-based, descriptive, cross-sectional study using nonprobability convenience sampling, 354 patients visiting the Outpatient Department of Oral Medicine at Nepal Medical College were included. Patients 18 years or older with oral symptoms lasting for one month or more were examined between 2021 July 12 and 2021 October 6. Descriptive statistics were analysed using SPSS v.20 and expressed as mean, frequency, and percent.

**Result:** Among the reasons for the late presentation to the dentist, a majority with 114 (22.14%) participants thought that symptoms would resolve on their own, 109 (21.17%) had dental fear, 87 (16.89%) had time constraints, 61 (11.84%) tried self-medications, 56 (10.87%) were unaware of possible solutions to their problem, for 27 (5.24%) the distance to the dental clinic was far, 20 (3.88%) had previous bad dental experience and 20 (3.88%) participants had financial constraints.

**Conclusion:** Lack of dental knowledge and fear of the dentist are the main reasons because of which patients do not seek dental treatment. It is recommended to raise dental awareness and educate people about the advantages of early dental treatment.

**Keywords:** Appointment; barriers; dental; time-to-treatment.

## INTRODUCTION

Oral health is multifaceted,<sup>1</sup> influencing overall health and well-being and affecting people throughout their life.<sup>2</sup> Oral diseases affect around 3.5 billion people worldwide,<sup>3</sup> with the main reason for tooth loss being undetected oral diseases.<sup>4</sup>

Prevention of oral problems require good oral hygiene and regular dental visits,<sup>5</sup> preferably once every six months.<sup>6</sup> Late presentation

with complicated oral problems that could be effectively treated in initial stages<sup>7</sup> is a worldwide phenomenon.<sup>8</sup> Poverty, neglect,<sup>9-11</sup> expensive

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treatment,<sup>12</sup> physical illness,<sup>13</sup> fear,<sup>14</sup> bad dental experience,<sup>15</sup> self-medications, busy schedules, preference for traditional treatment,<sup>16,17</sup> illiteracy,<sup>18</sup> and lack of oral awareness,<sup>19,20</sup> are associated with poor oral condition, poor utilisation of available dental services, and delayed dental visit for problems rather than checkup.

Nepal has a low record of dental visits (3.89%)<sup>21</sup> with majority visiting dentists only when faced with oral problems (67.7%).<sup>22</sup> Many prefer traditional methods or over-the-counter painkillers rather than help from a dentist.<sup>23</sup>

To benefit people with early dental visits, barriers to early oral care need to be identified and overcome. To authors' knowledge, no such study has been conducted in Kathmandu. Therefore, the purpose of this study was to establish the reason(s) why patients who suffer from common dental diseases present late in the dental hospital.

## MATERIALS AND METHOD

This descriptive, cross-sectional study using a closed-ended questionnaire was conducted in the outpatient department (OPD) of Oral Medicine at Nepal Medical College and Teaching Hospital (NMCTH) from 2021 July 12 to 2021 October six. Ethical approval was obtained from the institutional review committee (IRC) of Nepal Medical College and Teaching Hospital (Ref. 069-077/078).

The sample size was calculated using Slovin's formula<sup>24</sup>:

$$n = \frac{N}{1+Ne^2}$$

$$n = \frac{3000}{1+(300 \times 0.05^2)}$$

Where, n = 352.94 (≈ 353). In the above formula, n = sample size; N = total number of patients assumed to visit dental OPD for three months as calculated from the average number of patients per month as obtained from dental OPD register = 2,999.49 (≈ 3,000); e = margin of error = 0.05 (5%). A sample size of 354 was selected from the patients visiting the dental hospital. A nonprobability convenience sampling technique was employed

for the selection of participants. Written informed consent was obtained from all participants prior to administration of the questionnaire. Participants who were 18 years or older whose duration of oral symptoms lasted for one month or more from the time of presentation of symptoms to the visit to the dental hospital were selected for the study. Patients who were 18 years and below and those suffering from chronic debilitating medical conditions, cognitive impairment, and acute dental conditions such as tooth fracture following major orofacial trauma were excluded from the study.

The information was obtained using the interview method by the examiner using a predesigned questionnaire. The questionnaire has two sections. First section had socio-demographic variables. These socio-demographic variables were used to assess their socio-economic status according to the Kuppaswamy's Socio-economic Status Scale in the context of Nepal.<sup>25</sup> The second section included a predesigned questionnaire related to the reasons for the delay in seeking dental care adopted from a research study.<sup>17</sup> Content validity of the questionnaire was done by the help of experts. Responses included multiple choice questions in which the participants were asked to choose multiple appropriate applicable responses from the options. The total number of completed questionnaires collected by the interview was 354 and used for analysis.

Data were entered in Microsoft Excel version 2013 and analysed using IBM SPSS Statistics for Windows, version 20 (IBM Corp., Armonk, N.Y., USA). The results were presented as mean, frequency, and percent.

## RESULT

A total of 354 participants were interviewed and the results were analysed. Regarding the reasons for the late presentation, 114 (22.14%) participants thought that symptoms would resolve on their own and they represented the majority of the population, followed by 109 (21.17%) participants who feared visiting the dentist (Table 1). Fear was found to be more common in females in comparison to males as 62 females (31.79% of total females) and 47 males (29.56% of total males) reported fear of visiting the dental clinic.

**Table 1: Responses from study participants to the reasons for late attendance, n (%).**

Reason	Male	Female	Total
Fear	47 (29.56)	62 (31.79)	109 (21.17)
Tried other medication	19 (11.95)	42 (21.54)	61 (11.84)
Problem will resolve on its own	57 (35.85)	57 (29.23)	114 (22.14)
Financial constraints	7 (4.40)	13 (6.67)	20 (3.88)
Time constraints due to busy schedule	37 (23.27)	50 (25.64)	87 (16.89)
Bad previous dental experience	9 (5.66)	11 (5.64)	20 (3.88)
Not aware of possible solution	26 (16.35)	30 (15.38)	56 (10.87)
Distance to dental clinic is far	19 (11.95)	8 (4.10)	27 (5.24)
Others	6 (3.77)	15 (7.69)	21 (4.08)
Total	159 (100)	195 (100)	354 (100)

**Table 2: Responses of study participants for cause of fear.**

Aetiology	n (%)
Inherent fear in me	18 (5.08)
Fear of dentist	25 (7.06)
Contracting disease during treatment	23 (6.50)
Bad previous dental experience	26 (7.34)
Negative impression by one who had treatment	10 (2.82)
Negative impression by those who have had no treatment	1 (0.28)
Others	6 (1.69)
Total	354 (100)

**Table 3: Responses of study participants on their experience on previous dental visit.**

Experience	n (%)
Pleasant	157 (55.87)
Uncomfortable	36 (12.81)
Impersonal dentist	6 (2.14)
Scary	28 (9.96)
Painful	49 (17.44)
Expensive	23 (8.19)
Did not like environment	8 (2.85)
Total	354 (100)

About the aetiology of fear, 26 (7.34%) participants were afraid to visit the dental clinic due to bad previous dental experience which was the most common reason followed by fear of contracting disease during treatment which was found in 23 (6.50%) participants, and 25 (7.06%) participants had fear of the dentist (Table 2). Furthermore, 157 (55.87%) participants had pleasant experience in their previous dental visit, while 49 (17.44%) participants complained that their dental visit was painful and 36 (12.81%) complained of

an uncomfortable experience after such visits (Table 3).

The study shows that majority comprising of 281 (79.38%) participants had previously visited a dental hospital, and among them 265 (74.86%) participants had received some dental treatment previously, whereas for 73 (20.62%) participants it was their first dental visit. In context to knowledge among the study participants regarding the dental treatment, almost all of participants (345, 97.46%)

**Table 4: Responses from study participants to knowledge regarding types of dental treatment.**

Treatment	n (%)
Tooth removal	345 (97.46)
Filling decayed teeth	340 (96.05)
Cleaning of teeth	287 (81.07)
Replacing lost teeth	256 (72.32)
Correcting malpositioned teeth	186 (52.54)
Others	13 (3.67)
Total	354 (100)

had knowledge about tooth removal, followed by 340 (96.05%) participants who knew about filling of decayed teeth and only 186 (52.54%) participants had knowledge regarding correction of irregularly positioned teeth (Table 4).

The age distribution of the patients was 18-30 years, 31-50 years, 51-70 years, and older than 70 years. The age of patients ranged from 18-87 years with a mean age of 40.99 years. Most of the participants were in the age group of 31-50 years (135, 38.14%) and only a minority of the participants were in the age group older than 70 years (22, 6.21%). There were 159 (44.92%) males and 195 (55.08%) females, giving a male-to-female ratio of 1:1.23. The most common reasons for the delay in seeking of dental treatment were due to time constraints due to busy schedule, dental fear, and thought that the problem will resolve on its own as given by patients of age group 18-30 years,

31-70 years, and >70 years respectively.

The study showed that 129 (36.44%) participants who visited the hospital were of the upper middle socio-economic class (II) which represented the majority of the population followed by the upper lower socio-economic class (IV) with 109 (30.79%) participants. The study showed that time constraints due to busy schedule is found to be the most common reason for late attendance to the dental clinic for individuals of upper socio-economic group (18, 62.07%) whereas ignorance in the thought that dental problem will resolve on its own is found to be the most common reason for late attendance to the dental clinic for individuals of class III socio-economic group (36, 46.15%). Late dental visit due to financial condition was found to be more among participants of class IV socio-economic group (14, 12.84%, Table 5).

**Table 5: Responses of study participants of various socio-economic groups for reasons for late attendance, n (%).**

Reason	Socio-economic class				
	I	II	III	IV	V
Fear	13 (44.83)	51 (39.53)	17 (21.79)	24 (22.02)	4 (44.44)
Tried other medication	3 (10.34)	22 (17.05)	16 (20.51)	17 (15.60)	3 (33.33)
Problem will resolve on its own	4 (13.79)	41 (31.78)	36 (46.15)	33 (30.28)	0 (0.00)
Financial constraints	0 (0.00)	4 (3.10)	1 (1.28)	14 (12.84)	1 (11.11)
Time constraints due to busy schedule	18 (62.07)	33 (25.58)	19 (24.36)	17 (15.60)	0 (0.00)
Bad previous dental experience	1 (3.45)	12 (9.30)	2 (2.56)	5 (4.59)	0 (0.00)
Not aware of possible solution	0 (0.00)	29 (22.48)	13 (16.67)	13 (11.93)	1 (11.11)
Distance to dental clinic is far	3 (10.34)	6 (4.65)	3 (3.85)	14 (12.84)	1 (11.11)
Others	2 (6.90)	9 (6.97)	6 (7.69)	4 (3.67)	0 (0.00)
Total	29 (100)	129 (100)	78 (100)	109 (100)	9 (100)

## DISCUSSION

In Nepal, people have a low record of dental visits (3.89%)<sup>21</sup> with only 4% visiting the dentist in the last six months.<sup>26</sup> People also have a higher rate of dental disease with loss of teeth at an earlier age compared to developed countries. According to this study, 281 (79.38%) of patients had visited the dental clinic before admission, and 265 (74.86%) had received treatment. A total of 157 (55.87%) participants stated that the experience after previous visits was pleasant. This observation is consistent with the idea that it is not the negative experience from previous visit(s), but rather dental neglect and indifference,<sup>9</sup> beliefs on traditional forms of dental treatment<sup>7</sup> and poor financial condition, that are the most important determinants of dental avoidance including non-utilisation of dental services and delay in presentation.

Despite of the fact that early visit to the dental clinic in the early stage of disease and regular follow-up to the dental clinic has many advantages, as far as the duration of the symptoms before presentation in the clinic is concerned, authors' experience is not different from that of the previous researchers who noted that patients delay their visit and only present when pain and other symptoms become unbearable.<sup>7-9,27</sup> This has a negative impact on the quality of life.<sup>28</sup> This is also true for children.<sup>29</sup> Women in rural Nepal were unable to identify the signs and causes of teeth decay and gum diseases correctly and did not know where they could find qualified dentists.<sup>23</sup> The impact of this behaviour on the development of periodontal diseases, loss of teeth, and caries cannot be stressed enough.<sup>3,18</sup>

The current study showed that most participants had one or the other reason not to seek early dental treatment. The main reasons patients often gave for late attendance were that they thought that the symptoms would resolve on their own (114, 22.14%). In other countries, such as Nigeria, the same reasons have been considered the most common causes of delay in dental treatment (32.8%).<sup>17</sup> Other reasons were dental fear, time constraints due to their busy schedule, trying other medications, not being aware of possible solutions to their problem, long distance to the dental clinic, bad dental experience, and financial constraints in that order. Although these

reasons given by the patients had been documented by previous researchers,<sup>7,10,16,17,27</sup> the frequency of each reason given was different from the previous reports. A study by Fotedar et al.<sup>8</sup> showed that the most common reason to avoid dental care was that they did not feel the need to go to the dentist unless there was pain, while Kusekwa and Kikwilu;<sup>7</sup> and Zafar et al.<sup>10</sup> documented negligence; while Olawole and Kanmodi<sup>16</sup> recorded dental anxiety; and Anyanechi and Saheeb<sup>17</sup> documented that patients waited for symptoms to resolve on their own; with Ibikunle et al.<sup>27</sup> recording that patients 'tried other medications' that they hoped would cure their oral health problems as the most common reasons for late presentation in their separate studies.

This study showed that most of the participants had knowledge regarding tooth removal, filling of the decayed teeth, cleaning of teeth, replacing lost teeth and correcting malpositioned teeth. With regard to these observations, it was found that there was a gap between knowledge of the participant on oral health care and awareness of the importance of seeking early oral treatment. The study showed that among the 354 participants, 73 (20.62%) had never visited a dental clinic before. This showed a lack of dental awareness among study participants. A study by Ibikunle et al. also gave similar results.<sup>27</sup> So, as concluded by previous studies regular oral health promotion education programmes are needed to put participants' knowledge into practice.<sup>11</sup>

This study showed that dental fear was the second most common reason for late dentist visits (109, 21.17%). This finding is similar to a study by Wiener<sup>14</sup> which showed a high level of dental fear in West-Virginia despite the advancement of dental care, techniques, and procedures. This study showed that dental anxiety is widespread in both sexes but prevalence of dental fear was found to be more common among females (62, 31.79% of total females) as compared to males (47, 29.56% of total males). This result is consistent with the finding by Jeddy et al.<sup>15</sup> in India and Ibikunle et al.<sup>27</sup> Women also show a higher level of preoperative anxiety than men.<sup>15,30</sup> The study also showed that previous bad dental experiences were the most common cause of dental fear followed by fear of contracting disease during treatment. This finding is consistent with previous studies.<sup>15,27</sup>

The study showed taking other medications before visiting a dentist hoping the symptoms to be cured is the fourth most common reason for late visits to the dentist (61, 11.84%). This is in line with research carried out in rural Nepal, where people preferred traditional witchcraft, paracetamol, and clove oil for oral problems rather than help from a dentist,<sup>23</sup> which also showed a lack of care for dental awareness among the Nepali population.<sup>26</sup>

Late dental visits due to financial conditions were found to be more among participants of the lower middle (14, 12.84%) and the upper lower socio-economic class (1, 11.11%). Transparency of dental care with the promotion of preventive dentistry can reduce treatment cost by limiting the severity of the disease.<sup>12</sup>

The dental professional should treat the patient with optimal care to minimise adverse complaints that indirectly negatively impact attendance at the clinic. Although some patients were excluded from the study, some may have been left out because recruitment reliability was based on patients' responses. In addition, more patients would have

been included if the study had been community rather than clinic.

The limitations of this study were the small sample size and data collection from a single dental hospital, making generalisability to all population of Nepal difficult. A multicentre study can be done to strengthen the finding.

## CONCLUSION

Lack of dental knowledge and fear of the dentist were the main reason why patients were unable to seek dental treatment in Kathmandu. Negligence in dental care and delayed dental visit at the later stage of the disease with complicated oral problems that could be easily, simply and more cost-effectively treated in the initial stages are a common scenario in Nepal. It is recommended to raise awareness of dental care and educate people about the benefits of early dental care.

**Conflict of interest:** None



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