ORAL TREATMENT SEEKING BEHAVIOUR AMONG PATIENTS VISITING UNIVERSITY OF NAIROBI DENTAL HOSPITAL

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BDS III

V28/1961/2010

A community dentistry research project report submitted in partial fulfillment of the Bachelor of Dental Surgery (BDS) at the University of Nairobi.

2013
DECLARATION

I, Maubi Godriver kemunto, declare that this is my original work and it has never been submitted by any other person for research purpose or a degree or in any other university or institution.

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DEDICATION

I dedicate this project to my loving parents (Mr. and Mrs. Maubi), my uncle Anthony, my brothers (Napoleon and Quirinius), my sister (Yuvilanciah), friends and to all my teachers through the years to whom I owe all that I know.
ACKNOWLEDGEMENT

I wish to thank the following for the generous assistance in making this project a success.

First, I thank the Lord God Almighty for guiding me through this year and in my research work. I pray for your blessings for the remaining part of the course.

I thank my family and my Uncle Anthony for moral and financial support which made it possible to complete this project.

I thank my supervisors Dr. Dimba and Professor Macigo for their wise guidance, great ideas, provision of sources of helpful information and constant corrections of my research work.

I thank the dean of dental school, professor Gatce for her permission to collect data.

Lastly, I thank all the participants who volunteered in my research work.
TABLE OF CONTENTS

Declaration...................................................................................................................................................ii
Approval....................................................................................................................................................iii
Dedication...................................................................................................................................................iv
Acknowledgement....................................................................................................................................v
Table of contents........................................................................................................................................vi
List of figures................................................................................................................................................viii
List of appendices.......................................................................................................................................ix
Abstract.....................................................................................................................................................1

CHAPTER 1. Introduction...............................................................................................................................2

CHAPTER 2. Literature review.......................................................................................................................3

CHAPTER 3. Statement of the problem, Justification, Objectives, Hypothesis and variables

3.1 Statement of the problem..........................................................................................................................5
3.2 Justification of the study............................................................................................................................5
3.3 Objectives of the study..............................................................................................................................5
3.4 Hypothesis of the study............................................................................................................................5
3.5 Variables..................................................................................................................................................6

CHAPTER 4. Materials and methods

4.1 Study area...............................................................................................................................................7
4.2 Study design..........................................................................................................................................7
4.3 Study population.....................................................................................................................................7
4.4 Sampling size..........................................................................................................................................7
4.5 Sampling method....................................................................................................................................8
4.6 Data collection instrument and technique...............................................................................................8
4.7 Data analysis and presentation..................................................................................................................8
4.8 Ethical consideration......................................................................................................................................9
4.9 Benefits of the study.....................................................................................................................................9

CHAPTER 5. Results.........................................................................................................................................10

CHAPTER 6. Discussion, conclusions and Recommendations

6.1 Discussion................................................................................................................................................19
6.2 Conclusions..............................................................................................................................................20
6.3 Recommendations....................................................................................................................................21

References..................................................................................................................................................22

Appendix 1..................................................................................................................................................23

Appendix 2..................................................................................................................................................24
LIST OF FIGURE

Figure 1: Level of education of respondents .................................................................10
Figure 2: Major symptoms experienced by respondents.......................................................11
Figure 3: Number of previous dental visits in the past one year.............................................12
Figure 4: Duration of symptoms before seeking treatment....................................................13
Figure 5: Reasons for the delay in seeking treatment..........................................................14
Figure 6: Kind of treatment sought before........................................................................15
Figure 7: Number of visits to the University of Nairobi Dental Hospital..............................16
Figure 8: Perception of the cost of dental treatment.............................................................17
Figure 9: Type of dental treatment given previously..............................................................18
LIST OF APPENDICE

Consent form ........................................................................................................................................... 23

Questionnaire form .................................................................................................................................... 24
ABSTRACT

Background: Oral treatment seeking behavior is influenced by many factors. Some of these factors play a significant role in treatment seeking behavior. They include cost of treatment, accessibility to oral health facility, time factor and symptoms. Knowledge of these determinants may help to explain why patients tend to seek treatment late when disease has advanced.

Objective: To describe pattern of patients’ attendance and factors influencing oral treatment seeking behaviour among patients visiting University of Nairobi Dental Hospital.

Study design: Descriptive cross-sectional study.

Setting: Study was conducted in Oral diagnosis clinic.

Participants: All adult patients who attended Oral diagnosis clinic during the study period.

Materials and methods: A sample size of 82 was recruited into the study, a self-administered questionnaire was used to collect study variables including; age, gender, residence, level of education, type of symptoms, accessibility to oral health centre and number of previous dental visit. To aid in data analysis, statistical package of social sciences version 16 was used. Means and percentages computed, data presented in form of text and graphs.

Results: A total of 82 respondents out of 100 participated in the study. 47 (57.3%) were female while 35 (42.7%) were male patients. The mean age was 35.3 years. 41 (50%) of the patients were influenced by pain to seek treatment. High cost of treatment deterred 23 (28%) of patients from seeking treatment. 44 (57.3%) had prior treatment of the same condition. 11 (13.4%) of the patients had symptoms for less than a week and 20 (24.4%) had symptoms for more than a month. 64 (78.0%) of the patients had more than once visited University of Nairobi Dental Hospital for treatment.

Conclusion: High cost of treatment as perceived by the patients is the major barrier preventing patients from seeking treatment, followed by severity of symptoms and pain influences oral treatment seeking behavior greatly and then time factor.

Recommendation: There is a need to create awareness programs to educate patients on prevention of dental diseases by emphasizing on importance of dental checkups rather than wait for symptoms to appear and rely solely on the curative aspect.
CHAPTER 1

INTRODUCTION

Oral treatment seeking behavior refer to the behavior of seeking professional medical help to curb symptoms already presenting like pain, bleeding, swelling, bad breath, developmental anomalies, mobile teeth, ulcer, caries, sensitivity and fractured teeth.

Dental health care services in Kenya are mainly curative in nature. There is little of preventive and promotive dental services. Most of dental services are found in urban centers and fewer in rural areas. This is despite of the fact that most of Kenyan population is rural based and thus suffer from inadequate access to oral health care services.

Oral treatment seeking behaviour is greatly influenced by various factors which can be related to the cost of treatment, accessibility to health facility, time factor, level of education knowledge of oral diseases and severe symptoms such as pain tend to influence treatment seeking behaviour more than other factors.

A research done in Burkina Faso show low utilization of oral health care services and visit to the dental facilities are mostly for symptomatic reasons. Another research in Nigeria showed that only 9% of household had utilized dental services the previous year while variables like area of residence, household education and social class ranking affected use of oral care services.

Barriers to oral treatment seeking behaviour include high cost of treatment, long distance to oral health centers, lack of time, ignorance of symptoms and fear of treatment procedures.

Similar study has already been studied before in Kenya but little information is available about pattern of patients seeking oral treatment and major determinants of oral treatment seeking behaviour. Hence my study will be carried out to fill the gap by determining these factors.

Aim of this study is to describe factors that influence oral health seeking behaviour; findings from this study will be used to design intervention measures to eliminate some of the barriers to seeking oral care services in Kenya. Generally the findings from this study will be used to enhance good oral health care seeking behaviour.
CHAPTER 2

2.0 LITERATURE REVIEW

Oral treatment seeking behaviour refers to the behaviour of seeking professional medical help to curb symptoms already presenting for example pain, bleeding, sensitivity, swelling, fractured tooth. Mobile teeth, developmental anomalies, ulcer and bad breathe. Various factor influence treatment seeking behaviour. These include; cost of treatment, accessibility to oral care facility, time factor and presenting symptoms. People need to seek treatment to prevent development of complicated conditions which could have been arrested in early stages if treatment was sought in the right time. Barriers to seeking oral health treatment like ignorance, lack of awareness, high cost of treatment, inaccessibility to oral health facility and lack of time also play a significant role.

Little information about oral treatment seeking behaviour in Kenya is available. Available information do indicate determinants of oral treatment seeking behavior; however, they do not indicate which factors play a significant role that would explain late seeking of treatment of chronic diseases. Hence my study will be carried out to finding out which are this major determinants of oral treatment seeking behaviour.

A research done in Burkina Faso show low utilization of oral health care services and visit to dental care facility are mostly for symptomatic reasons. Another study in Nigeria showed only 9% of household had used dental services during the past year while variables such as zone of residence, household education and social class ranking affected use of dental care services.

Study done in metropolitan city of Ibadan found out that having no access to dentist and transportation problems constituted the weakest barrier. These findings are not surprising because the study was done in a city where there was fair distribution of oral treatment services. The weakness of this study is that it does not compare results with findings in rural areas to determine if they had similar problems; it is based entirely on urban set up.

Results of study done on treatment delay in oral and oropharyngeal cancer, revealed that low social – economic status(62%) of patients interviewed. 40% were affected due to poor accessibility to primary health centres and health seeking behaviour in the population had a significant association with the stage of presentation of the cancer.

Cost of treatment as a major deter for seeking treatment is strongly implicated by Cecil G.Helman in Culture Health and Illness in which he asserts that one of the reasons why people do not consult a doctor when they are sick is simply because they cannot afford it.

Another study in Dabou, Cote d’ivoire; Showed that 34% of the population had not accessed dental practitioner during the past 12 months, due to self medication, lack of money and perception of not needing care. A dentist or traditional healer had been sought by 33% of the participants. Choice of therapy was influenced by educational level. Main reasons for attending traditional healer were linked
to educational level, type of dwelling and place of residence. Choosing to see a dentist was associated with age, type of dwelling and distance to dental clinic.  

Study done in rural community in Kenya show that at least one member complained of having suffered from oral health problem in the preceding year. The initial action taken in 61% of household was self treatment primarily for relief.45% the household with complaint had members seek care at an oral health centre. Toothache accounted for 80%of the problem suffered. In household where members had sought care, approximately 49% sought care at private facility, 20% at government facility. Knowledge, income, gender and education were not significant factors in seeking care.  

In Ouagadogou, the most common complaint causing patients to seek dental care services was caries with pulpal involvement,60% of complaints was associated with pain .Patient dental care requirement were found to differ significantly according to sex, health insurance coverage and occupation.  

Research done in Ivory Coast revealed that patients only make appointments with dentists particularly when advanced lesions occur (92.8%) as unbearable painful infection such as acute pulpal inflammation, abscess and cellulitis. Secondly they inclined not to show up for their appointment when painful symptoms disappear.  

In Chandigarh, India, study show that means composite access score was 59.2%(SD 18.9) in urban areas and 60.5(SD 20.9) in rural areas (P=0.64) on a scale of 100.Some patients (34%) did not contact dentist despite having a problem in the last one year, primarily because dental problems were not important for them (45%), lacked time (20%) and took self medication (16%). Government facilities were preferred because they were affordable.  

In a research done in low income country Pakistan; show that substantiate dental pain as an important dental public health concern in Pakistan and support the hypothesis that assessment of dental pain characteristics can add to accuracy of dental estimation.  

Research on Kuwaiti adults, revealed that most common reasons for the dental visit were pain or dental emergency, need for a restorative treatment and prophylaxis. Older patients of more than 30 years, gender and those having only high school education were less likely to visit a dentist for preventive reasons.  

Also research done in Greek adults revealed cost and no disease awareness were the most frequently mentioned barriers to regular dental visit. Most participants presented low income.
CHAPTER 3

3.0 STATEMENT OF THE PROBLEM, JUSTIFICATION, OBJECTIVES, HYPOTHESIS AND VARIABLES

3.1 STATEMENT OF THE PROBLEM

Oral treatment seeking behaviour is affected by various factors. Main problem in oral treatment seeking behaviour is that patient don’t seek treatment early due to various barriers like inaccessibility to oral care facility, lack of time, high cost of treatment, lack of awareness and ignorance. Most patients tend to ignore some symptoms hoping that the symptoms will go away on their own. Treatment is mostly sought when symptoms are worse and patient cannot tolerate them anymore. Education of the population on the importance of all symptoms regardless of the severity and elimination of some of the barriers will improve oral treatment seeking behaviour.

3.2 JUSTIFICATION OF STUDY

Information from this study will be used to design intervention measures that will be used to improve oral treatment seeking behaviour among patients despite their symptoms, as there is little information on oral treatment seeking behaviour in Kenya. This is through educating them and creating awareness. It will also help in elimination of some of the barriers by ensuring accessibility of affordable oral health services.

3.3 OBJECTIVES OF THE STUDY

3.3.1 General objective

To describe pattern of patient attendance and factors influencing oral treatment seeking behavior among patients visiting University of Nairobi Dental Hospital.

3.3.1 Specific objectives

1. To describe socio-demographic characteristics of the patients.
2. To determine the frequency of seeking dental treatment.
3. To determine duration of presenting complaint before seeking treatment.
4. To determine prior treatment provided for the same condition.
5. To describe factors that influence treatment seeking behavior among patients.

3.4 HYPOTHESIS

55% of patients failed to seek oral treatment previously due to cost of treatment.

90% of patients came to seek treatment due to severe pain.
3.5 VARIABLES

Socio-demographic variables

Sex
Age
Residence
Level of education
Religion
Occupation

Dependent variables

Patient treatment seeking behaviour
- number of dental visits in the last one year

Independent variables

Cost of treatment
Distance to oral health facility
Type of symptoms
- Pain
- Swelling
- Bleeding gums
- Sensitivity
- Ulcers
- Mobile teeth
- Developmental anomalies
CHAPTER 4

4.0 MATERIALS AND METHODS

4.1 Study area

This study was conducted at the University of Nairobi Dental Hospital which is located in Nairobi, the capital city of Kenya, 5km from central Business centre. It is the largest dental teaching hospital in Kenya. It provides treatment of all dental conditions. The university has many colleges among which are the college of health sciences with 5 schools, school of Medicine, dental science, pharmacy, nursing and public health.

4.2 Study Design

This was a descriptive cross-sectional study using hospital based study groups.

4.3 Study population

Study population consisted of all male and female adult patients above 18 years visiting UON Dental Hospital during the study period.

4.4 Sample size

Sample size was computed from the following formula:

\[
N = \frac{z^2 \cdot p(1-p)}{c^2}
\]

Where \( N \)=sample size
\( z \)=Degree of accuracy (1.96)
\( p \)=prevalence 60% (patients who fail to seek care due to cost of treatment)
\( c \)=1-confidence level. A confidence level of 95% was used for this study.

\[
N = \frac{1.96^2 \cdot 0.6(1-0.6)}{(1-0.95)^2}
\]

\[
N = 368
\]
If \( N \) is less than 10,000

\[
f_n = n + \frac{n}{N}
\]

Where \( n_f \) is the desired population size

\( n \) is 368

\( N \) is the estimate of the population size which is 100 (patients seen per week in oral diagnosis clinic).

\[
f_n = 368 + \frac{368}{100}
\]

\[
f_n = 368 + 3.68
\]

\[
f_n = 371.68
\]

\[
f_n = 78
\]

For the purpose of this study 100 patients were used as the sample size.

### 4.5 Sampling method

Non probability convenient sampling was used. All adult patients who came to oral Diagnosis clinic each day during the study period were recruited into the study. This was repeated every day until desired sample size was achieved.

#### 4.51 Inclusion criteria

1. Patients attending oral diagnosis clinic.
2. Adult patients who gave consent. (Appendix 1).
3. Patients who were 18 years of age and above.

#### 4.52 Exclusion criteria

1. Those patients who did not give consent.
2. Patients below 18 years of age.
3. Patients who attended other clinics in the hospital.

### 4.6 Data collection instruments/procedure/technique

Self-administered questionnaires consisting of both close ended and open ended questions was used (appendix 2). Questionnaires were given after diagnosis and treatment, collection of filled questionnaire was immediate after the respondents finished filling in. The procedure took place indoors in Oral diagnosis clinic. Variables collected included: age, gender, residence, type of symptoms, level of education, accessibility to oral health facility and number of previous dental visit.
4.7 Data analysis

Data was analyzed with the aid of a computer using statistical package of social sciences. Means and percentages were computed from collected data. Results were presented in form of text and graphs.

4.8 Ethical consideration

1. Approval was given from Kenyatta National Hospital/University of Nairobi research ethics and standards committee.

2. Permission to collect data was sought from dean of dental school.

3. Questionnaires were given to only those who gave consent. Participants were explained the purpose of the study.

4. Information that was obtained from individual patients was treated as confidential and was not revealed to unauthorized individuals.

5. Participation was voluntary.

6. Declining to participate did not affect services provided to a patient.

4.9 Benefits of study

1. Findings from study will be used to design intervention programmes to improve oral health seeking behavior.

2. The research report will be submitted in partial fulfillment for the award of the degree in Bachelor of Dental surgery.
CHAPTER 5

5.0 RESULTS

5.1 Socio-demographic characteristics:

A total of 100 self administered questionnaires were hand delivered to the patients attending oral diagnosis clinics and the response rate was 82%. 35(42.7%) were male patients and 47(57.3%) were female patients. The mean age of the patients was 35.34 years; median age was 32 while the mode is 31 years. The minimum age was 18 years while the maximum age was 68 years.

Level of education

60(73.2%) of the respondents had their level of education to the university/college, 17(20.7%) of the respondents had reached high school level while 3(3.7%) had attained primary level and 2(2.4%) had not attained any level of education. Distribution of respondents by level of education.(Figure 1).

Fig 1: Level of education of respondents
Residence

57 (69.5%) of the respondents live within Nairobi while 25 (30.5%) live in outskirts of Nairobi. 67 (81.7%) of the respondents access dental services within 50km from their area of residence while 15 (18.3%) access dental services more than 50km from area of residence.

Religion

81 (98.8%) of the respondents were Christians while 1 (1.2%) was a Muslim.

Occupation

52 (63%) of the respondents were employed, 13 (16%) were self-employed, 15 (18%) were students and 2 (3%) were housewives.

5.2 Major symptoms experienced by respondents

41 (50%) of the respondents experienced pain, 4 (4.9%) had swelling, 3 (3.7%) bad breathe, 9 (11%) had sensitivity, others 17 (20.7%) and not applicable 8 (9.8%). (Figure 2).

Fig 2: Major symptoms experienced by respondents
5.3 Number of dental visit in the past one year

46 (56.1%) of the respondents had not visited any dentists in the past one year, while 36 (43.1%) had more than once visited a dentist the previous one year. For details see figure 3 below.

![Previous dental visit in the past 1 year](image)

**Fig 3:** Number of dental visit in the past one year

5.4 Duration of symptoms before seeking treatment

11 (13.4%) of the respondents had experienced their symptoms for less than week, 6 (7.3%) for one week, 5 (6.1%) for 2 weeks, 6 (7.3%) for 3 weeks and 7 (8.5%) for 1 month, 20 (24.4%) more than a month, 10 (12.2%) had symptoms for 1 year, 13 (15.9%) others and 4 (4.9%) not applicable. (Figure 4).
5.5 Reasons for the delay for seeking treatment

Respondents who had duration of symptoms for more than a week gave the following reasons for the delay in seeking treatment: 10(12.2%) lacked time for seeking treatment, 23(28%) the cost of treatment was high, 14(17.1%) symptoms were not severe, 3(3.7%) treatment centres were far, 5(6.1%) ignored symptoms, 6(7.3%) feared pain during treatment, 3(3%) gave other reasons and 17(20.7%) not applicable (Figure 5).
5.6: Dental treatment in a private dental clinic
50(63%) of the respondents had ever received treatment in a private dental clinic while 29(37%) had not.

5.7: Prior treatment of the same condition
44(53.7%) of the respondents had prior treatment of the same condition however 34(41.5%) had no prior treatment of the same condition and 4(4.9%) no response.

5.8 Kind of treatment sought before.
37 (45.1%) of the respondents who had prior treatment of the same condition had sought professional medical care while 6(7.3%) had taken self medication, 2(2.4%) sought traditional healer, 1(1.2%) others and 36(43.9%) not applicable (Figure 6).
Fig 6: Kind of treatment sought before

5.9 Number of times the respondents had visited University of Nairobi Dental Hospital

18 (22%) of the respondents was their first time visiting while 40 (48.8%) had once visited and the rest 24 (29.2%) had more than once visited (Figure 7).
Fig 7: Number of visits to University of Nairobi Dental Hospital

5.10 Perception of the cost of dental treatment
When asked about their perception on the cost of dental treatment, 21 (25.6%) of the respondents perceived the cost of dental treatment to be high, 46 (56.1%) fair while 4 (7.3%) perceived the cost to be low and 9 (11%) no response. (Figure 8).
Fig 8: Perception of the cost of dental treatment

5.11 Type of dental treatment given previously

27 (32.9%) of the respondents had teeth extracted, 21 (25.6%), done filling, 12 (14.6%) scaling and 18 (22%) had no treatment before (Figure 9).
Fig 9: Type of dental treatment given previously
Chapter 6
Discussion, Conclusions and Recommendations

6.1 Discussion

Main objective was to describe the pattern of patient attendance and factors influencing oral treatment seeking behaviour among patients visiting University of Nairobi Dental Hospital. 82 respondents participated out of 100 recruited. 57.3% of these were female and 42.7% were male, the percentage of female 57.3% was higher than for male 42.7%, this could be attributed that may be female respondents could not tolerate the symptoms hence sought treatment compared to the male patients. The minimum age of respondent was 18 while the maximum was 68 years. 69.5% of the respondents were residence of Nairobi while 30.5% were from the outskirts of Nairobi hence this explained the large percentage of Nairobi residence that accessed the University Of Nairobi Dental Hospital as it is located within Nairobi. This large percentage of Nairobi residence could also explain the large percentage (81.7%) of those who could access dental facility within 50 km from their area of residence as Nairobi is a metropolitan city with many dental treatment centres. Level of education may have influenced treatment seeking behavior of the respondents as 73.2% of the respondents had attained University/college level of education and 20.7% high school. Majority were employed 63%. Since a large proportion of the respondents was employed this could account for those delayed to seek treatment because of lack of time or symptoms were not severe.

Factors that influenced oral treatment seeking behaviour: cost of treatment, symptoms, time factor, ignorance of symptoms, accessibility to dental facility and least, fear of pain. 28% of the respondents were deterred from seeking treatment because of high cost treatment, this findings are in line with Cecil G. Helman in Culture health and disease, in which he asserts that one of the main reasons why people do not consult a doctor when they are sick is simply because they cannot afford it . This findings are also similar to the results from research on treatment delay in oral and oropharyngeal cancer by A.K. Agarwal which revealed that low social–economic status affected 62% of the patients interviewed . In the present study 17.1% of the respondents delayed seeking treatment because symptoms were not severe, 12.2% lacked time, 6.1% ignored symptoms, 3.7% were affected by the long distance to the treatment centre while 7.3% feared treatment pain, these negatively influenced patients treatment seeking behaviour. The major symptom that influenced treatment seeking behaviour of the patients was pain 50%, followed by sensitivity 11%, swelling 4.9%, bad breathe 3.7%, others 20.7%. This could be due that these symptoms compromise patients comfort hence influencing greatly on treatment seeking behaviour. These findings are in agreement with research done in Burkina Faso that revealed that visit to the dentist are mostly for symptomatic reasons rather than checkup . They are also in agreement with research done in Ouagadogou that 60% of the complaints were associated with pain.

53.7% of the respondents had prior treatment of the same condition while the rest 41.5% did not. 45.1% of those who had prior treatment had sought professional medical care. This could be attributed that
the majority of the respondents were not conversant with preventive aspect of the condition that’s why there was high recurrence rate despite the current study showing that 71% of the respondents had attained a higher level of education of college/university.

13.4% of the respondents had their symptoms for less than a week before they sought medical help. These respondents may have had symptoms causing discomfort like pain that made them to seek treatment early, 7.3% had their symptoms for one week, 6.1% for two weeks, 7.3% for three weeks, 8.5% for a month while 24.4% for than a month. This long duration before seeking treatment might have been contributed by the high cost of treatment and ignorance of symptoms as they were not severe.

43.1% of the respondents had more than once visited a dentist in the past one year while 56.1% had not. This high percentage could be due to the fact that the patients were aware of the curative aspect rather than the preventive aspect of the condition. This is evidenced by the type of treatment previously given as they are mainly curative in nature for instance 32.9% of the respondents had teeth extracted, 25.6% done filling, 14.6% cleaning and 22% had no dental treatment before.

The hypothesis of 55% of the patients failed to seek treatment previously due to cost has been refuted by the findings that cost influenced 28% of the patients. However cost was one of the main factors influencing treatment seeking behaviour and also 90% of the patients came to seek treatment due to severe pain has been refuted by the finding that only 50% came to seek treatment due to severe pain.

It is appreciated that the respondents recruited were from Nairobi and its surroundings, hence my conclusions may not reflect true countrywide picture. Furthermore only patients from one health facility were studied.

6.2 Conclusions

Based on the findings from this study, the following is concluded:

1. Oral treatment seeking behavior is higher in female than male patients.

2. Pain is the major symptom influencing oral treatment seeking behavior.

3. High cost of dental treatment as perceived by the respondents is the greatest barrier to seeking treatment followed by severity of symptoms and then lack of time.

4. Patients are more aware of the curative aspect of the dental conditions, as evidenced by the 3% of the respondents who came for checkup.

6.3 Recommendations

1. There is a need of creating awareness and educating the public emphasizing on importance of checkups given the low percentage of the respondents who came for checkups.
2. Creation of awareness programmes to educate patients and counter their perception that the cost of dental treatment is high.

3. A similar study should be carried out in other dental hospitals and health institutions in the country in order to give a true countrywide picture.
REFERENCES

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APPENDIX 1

ORAL TREATMENT SEEKING BEHAVIOUR AMONG PATIENTS VISITING UNIVERSITY OF NAIROBI DENTAL HOSPITAL.

Consent form

Dear participant,

I, Maubi Godriver, a level III Bachelor of Dental Surgery student at the University of Nairobi, am currently conducting a study on Oral treatment seeking behaviour among patients attending University of Nairobi Dental Hospital.

I wish to request you to participate in the study that will form part of my degree course.

You will participate by filling the attached questionnaire. Participation is voluntary and utmost confidentiality is assured. Your honest participation in this study will be highly appreciated.

Participation does not carry any risk. Declining to participate will not affect your right to good care services.

I will therefore appreciate your consent by signing here below.

I, the participant confirm that I have understood the relevant parts of the study and do hereby give consent to participate.

Sign:

Date:
Appendix 2

ORAL TREATMENT SEEKING BEHAVIOUR AMONG PATIENTS ATTENDING UNIVERSITY OF NAIROBI DENTAL HOSPITAL.

QUESTIONNAIRE FORM

The information you hereby submit shall only be used for purposes of research and shall be fully confidential. It is your right to object answering any question you feel uncomfortable with. Your honest response to question will be highly appreciated.

Thank you.

1. Sex: Male…………………… Female…………………… Date: …………………………………………………

2. Age (yrs): …………………………………………

3. Religion (tick where appropriate)
   - Christian
   - Muslim
   - Others

4. Highest level of education obtained/Ongoing level of education (tick where appropriate)
   a. University/college
   b. High school
   c. Primary
   d. None
   e. Others specify

5. What is your occupation? ……………………………………………………………………………………………………….

6. Area of residence
   a. Nairobi
   b. Outside Nairobi

7. Number of previous dental visit in the past one year…………………………………………………………………………

8. Major symptoms you are experiencing at the moment……………………………………………………………………
   a) Pain
b) Swelling
c) Bad breathe
d) Ulcer
e) Sensitivity
f) Others, specify..........................................................................................................................

9. What is the approximate duration of symptoms that you have now? (Tick where appropriate)

   a. Less than a week
   b. One week
   c. Two weeks
   d. Three weeks
   e. One month
   f. More than month
   g. One year
   h. Others, specify..........................................................................................................................

10. If duration of symptom is more than a week, give reasons for the delay in seeking treatment. (Can
tick more than one choice)

   a. Lack of time
   b. High cost of treatment
   c. Symptoms were not severe
   d. Treatment centers were far
   e. Ignorance of symptom
   f. Fear of pain
   g. Others, specify..........................................................................................................................

11. Any prior treatment of the same condition?

   a. Yes
   b. No

12. If your answer is yes in Question 11, which kind of treatment was it? (Tick where appropriate)

   a. Traditional healer
   b. Professional medical care giver
   c. Self medication
   d. Others specify..........................................................................................................................
13. Have you ever had dental treatment in a private dental clinic?
   a. Yes
   b. No

14. How many times have you visited University of Nairobi Dental Hospital? ...........................................

15. Perception on the cost of dental treatment
   a. High
   b. Fair
   c. low

16. Approximate distance (km) to the nearest public or private dental clinic from your area of residence..................................................

17. Types of dental treatment given previously........................................................................................................