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PERCEPTION ABOUT DENTAL QUACKS AND THEIR SELF-RATED ORAL HEALTH AMONG THE PATIENTS ATTENDING THE HIMACHAL INSTITUTES OF DENTAL SCIENCE PAONTA SAHIB, HIMACHAL PRADESH

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A B S T R A C T

A cross-sectional survey was conducted to assess the perception of patients regarding dental quacks. **Methodology** Self-administered close-ended questionnaires were used to assess the perception about dental quack and their self-rated oral health and self perceived dental needs among. The questionnaire was reviewed by experts to ensure the content validity and then translated to the local language (Hindi) for better understanding of the subjects. **Results** A total of 1233 subjects participated in the survey, out which 324 (28.87%) of the subjects had a dental treatment from the dental quacks. Extractions (49.08%) of teeth was found to be most common dental treatment from the dental Quacks followed by pain management. Access to professional dentist was one of the common reasons reported by subjects for using quack services 49.08%. Most of the subjects 69.58% were unsatisfied with quack services. Knowledge about dental quackery was very low as 40.74% of the subjects were unaware of it. About self rated oral health found to mixed response between Good and fair but felt oral health need among subjects found to be high 93%. **Conclusion** there is need to provide knowledge and awareness about oral health and dental treatment as well access to dental care among the general public which may prevent the use of dental quackery services.

INTRODUCTION

In the present era of dentistry where research has refining the noble profession by updating dental materials as well as dental equipments. Modern dentistry and research will make possible the maintenance of comprehensive oral health by involving the use of nano-materials, biotechnology including tissue engineering and, ultimately, dental nano-robotics (nano-medicine).[1]

Dentistry has come a long way in the last century and a half, to the point where today it is ranked as one of most respected of profession but on the other hand; it is also a bitter truth of unorganized dental practice, which is known as dental quackery.

Quacks are those who have observed and self learnt a few techniques of dentistry either by assisting dental surgeons or in-herniated it from their families and adopted it as a profession.[2]

Quackery has been defined as 'the fraudulent miss-representation of one's ability and experience in the diagnosis and treatment of disease or of the effects to be achieved by the treatment offered. [3]

Most of the quacks learn some dental work either while working as an assistant in dental clinics or from their ancestors who practice quackery. They acquire knowledge by just simple observation of the dental operating procedures with no scientific knowledge as well as without performing such procedures under certain qualified dentist before starting their practice. They perform only basic treatment like extraction cleaning of teeth and placement of prosthesis, which do not have any scientific basis, and they do not follow any sterilization protocol in their practice, which ultimately leads to worsen oral health instead of getting any benefit out of it.[4]

Question arises that how are these dental qucks surviving and why is their practice flourishing in spite of ill practice. The answer lies in the fact that more than 70% of Indian population is residing in rural areas and a major portion is below the poverty line[5]. At present, India has one dentist per 10,000 populations in urban areas and for about 2.5 lakh persons in rural areas [6]. The high cost of dental treatment, illiteracy, lack of awareness, poor accessibility to dental clinics and repeated dental appointments are the reasons for which most patients rely on these quacks[7].

Increasing population growth rate of the country given us a reason to think about the disease including oral disease burden on the society in coming decades and also about the manpower required to tackles this scenario.

On the contrary to the above statement, one reports says that, as off now the dentist- population is not the only reason of less manpower but mushrooming growth of dental colleges and very less number of posts are available for dentists in the government sector. Only 5% graduated dentists are working in the government sector [6] moreover least preference by the dentist to practicing in the rural area. There is such data available, which gives the idea about the number of dental quacks in the country and no data about the perception of patients about dental quacks who use dental quacks services. Therefore, Present is undertaken to see whether the least access to the dental services is the main reason of using dental quacks and their perception about dental quacks, who had dental treatment by them.

Aims and objective

Perception and their Self rated oral health among the patients about dental quacks, attending Himachal Institutes of dental science Paonta sahib's OPD.

METHODOLOGY

The Study was conducted at Himachal Institutes of dental science Paonta sahib's OPD, where the data will be collected by survey from **non probability sampling** of patients attending hospital's OPD from the month of July- August 2016. Participation of the subjects in the survey was voluntary. All participants were assured of confidentiality. Self-administered close -ended questionnaires was given to the participants to assess the perception about dental quack and their self-rated oral health and self perceived dental needs. The questionnaire containing 17 questions regarding demographic detail, perception and self rated oral health and self perceived treatment needs. The questionnaire was reviewed by experts to ensure the content validity and then translated to the local language (Hindi) for better understanding of the subjects. A pilot study was done on the 80 study subjects to determine the reliability of the survey questions in the present scenario. After the pilot study, necessary changes were made in the questionnaire. Descriptive statistics obtained and mean, standard deviation and frequency distribution were calculated. Data was analyzed using the statistical package for social science (SPSS version 17.0.

Table 1 Distribution of study subjects according to Gender, educational qualification and Occupation.

	Frequency	Percent (%)
Gender		
Males	709	57.50
Females	524	42.50
Education		
Illiterate	**52**	**4.21**
Primary school	201	16.30
Middle school	168	13.62
High school	312	25.30
Intermediate	154	12.49
Degree	255	20.69
Postgraduate	91	7.39
Occupation		
Unemployed	76	6.17
Unskilled	152	12.32
Semi Skilled	202	16.39
Skilled worker	250	18.1
Clerical, Shopkeeper, Former	**379**	**20.27**
Semi-Professional	72	5.83
Professional	101	8.20
Total	1233	100.0

RESULTS

A total of 1233 subjects participated in the survey, out which 524 (42.50%) females and 709 (57.95%) males were explored in the study. The mean **age** was 35.26 years with a standard deviation of 12.29 years irrespective of gender. **Table 1** shows the distribution of study subjects based on gender, educational qualification and occupation. While considering the educational status, 4% were illiterate followed by primary school 16.30%, middle school 13.62% , **25 .30%** passed in high school, 20.69 % of the study subjects had graduation while 7.8% had post graduation. It was also revealed that the higher number of study subjects belonged to class V clerical, shopkeeper (20.27%) followed by skilled workers and least were unemployed (6.17%).

Table 2 Showing the perception of respondents about the dental quacks self perceived oral health and needs. Out of total 1233 respondents, 10.7% were not aware of quackery in dentistry and 26.28% had a dental treatment from a dental quack. The most common reason for having the treatment from a dental quack was lack of access to a dental professional (49.08%), followed by pain (30.87). the most common treatment by the quacks was extraction (49%) followed by denture work, Crowning, scaling and consultation for medicine was significantly low as shown in figure 1. However, satisfaction levels was poor as 48% of the respondents was responded to not satisfy, followed by highly unsatisfied which reveals that overall 68% of subjects were not satisfy with the treatment Figure 2.

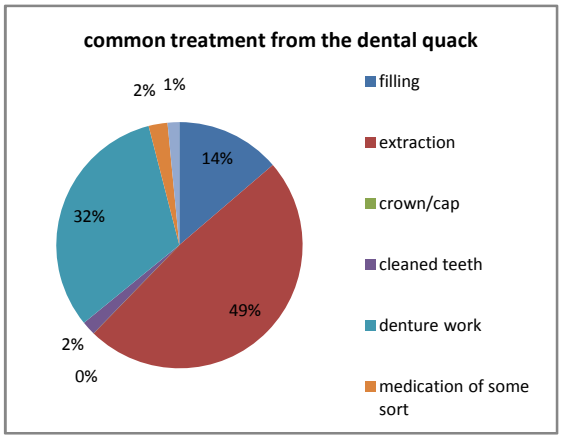

Figure 1

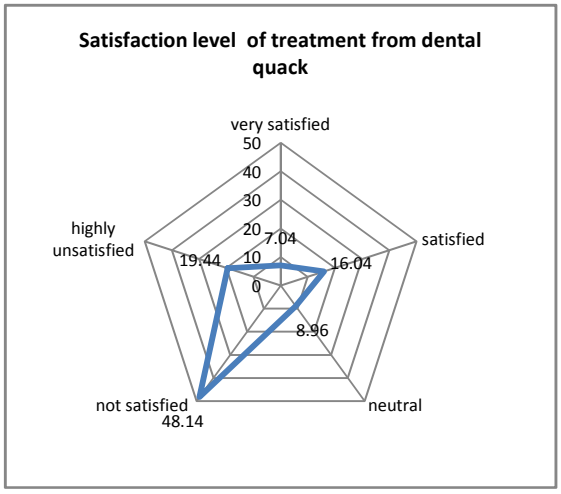

Figure 2

Table 2 Study subjects response to the questions related to perception about dental quack , self perceived oral health and needs.

	FREQUENCIES	PERCENTAGE
7.Are you aware of dental quacks?		
(a) Yes	1101	89.29
(b) No	132	10.7
8. Have you ever had a dental treatment from a dental quack. (If No, no need to respond rest of the question.)		
(a) Yes	909	73.72
(b) No	324	26.28
9. How often do you use dental quack services?		
(a) When I am in pain	100	30.87
(b) When I feel some dental problem	10	3.09
(c) When I do not have access to some professional dentist.	159	49.08
(d) Very rarely.	49	15.12
10. What treatment did you get? (you can choose more than one option)		
(a) Filling	44	13.59
(b) Extraction	159	49.08
(c) Crown / Cap	0	0
(d) Cleaned teeth	6	1.86
(e) Denture work	102	31.48
(f) Medication of some sort	8	2.47
(g) Other	5	1.54
11. Were you satisfied with the treatment?		
(a) Very satisfied	24	7.40
(b) Satisfied	52	16.04
(c) Neutral	29	8.96
(d) Not satisfied	156	48.14
(e) Highly unsatisfied	63	19.44
12. Why' did you not go to a qualified dentist?		
(a) There is no dentist near by	96	29.62
(b) The dentist charge very high	55	16.98
(c) I have no knowledge of dental quacks	132	40.74
(d) My family member or friend suggests me to go to quack.	41	12.67
13. Would you use a dental quack again?		
(a) Yes	31	9.57
(b) may be	28	8.64
(c) never	265	81.79
14. What makes you to came to a dental college?		
(a) I was not satisfy with the quacks treatment	61	18.82
(b) My family, friend, or relative told me to go dental college.	118	36.41
(c) Dental college is better equipped and better dental facilities	32	9.88
(d) Dental college charge less than private dental cilinc	28	8.64
(e) Qualified dental surgeon do better treatment	54	16.67
(f) Other region (specify)…….	31	9.57
15. Do you think there are differences between the treatment provided by a quack and a Qualified dentist?	32	9.88
a) No	292	90.12
b) yes		
(chose any option if you can relate your response)	26	8.90
a) Dentists are better trained.	117	40.07
b) Dentists are professional and have more knowledge of dental problems.	19	6.50
c) Dental office better equipped and more sanitary uses gloves, masks and clean instruments.	0	10.96
d) Dentists have a license to practice	32	4.80
e) Dentists offer better, safer or less painful treatment	14	11.98
f) Dentists are more expensive than quacks.	35	5.48
g) Quacks are better at dentures.	16	11.30
h) Quacks provide prompt treatment	33	
16. How would you rate your oral health?		
a) Excellent,	11	3.40
b) Very good,	24	7.40
c) good	126	38.89
d) Fair	112	34.57
e) Poor	51	15.74
17. Do you perceive any need for dental treatment at the moment?		
a) Yes	302	93.20
b) no	22	6.80

When the subjects, who use quacks services asked that why did they not use qualified dentist, the most common response was unawareness of dental-quackery (40.74%) followed by unavailability of the dentist (29.62%) in the town. When they were asked, whether they will use the dental quack service in the future, the response rate for never was 81.79%, which was surprising a well as reveals about importance about the dental health education. Most common reason given by the subjects for having the treatment from the dental college was suggestions of family, friend, relatives (36.41%) followed by dissatisfaction of the treatment from the dental quacks. Most of the subjects (90.12%) have knowledge of difference between treatment render by a professional and a dental quack and most common belief was Dentists are professional and have more knowledge of dental problems (40.07%).

Self rated oral health question reveal that 38.89% believe that oral health is good followed by fair (34.57%). Most of subjects (93.20%) feels that they need dental treatment.

DISCUSSION

The present study was undertaken to assess the Perception among the patients about dental quacks, attending Himachal Institutes of dental science Paonta sahib's OPD and their Self-rated oral health and needs. 1233 subjects participated in the survey, out which 524 (42.50%) females and 709 (57.95%) males were explored in the study. The mean age was 35.26 years with a standard deviation of 12.29 years irrespective of gender. Out of total participants, 26.28% had a dental treatment from a dental quack, which is lesser than the study done by Naidu RS *et al*. [7] the reason might be sampling where, the adult patient were interview in all the government health centres in Trinidad while in our study only those patients where included attending the college OPD. The most common reason for having the treatment from a dental quack was lack of access to a dental professional (49.08%), followed by pain (30.87) which is opposite of study done by Naidu RS *et al*. [7]where, pain was most common reason. There were significant differences in occupation, and level of education . Those who had attended a dental quack were, less likely to have attended high school, were more often in unskilled and Clerical, Shopkeeper, Former which is same as found in study done by Naidu RS *et al*. [7], but age factor was not found significant, as it found in the other study.[7]

In our study, extraction (49%) found to be common treatment performed by the dental quack, which is found to be same in other study.[7, 8] Illiteracy, lack of awareness, poor accessibility to dental clinics and dental pain emergency could be valid reason for it.[8,9]

Satisfaction level of treatment in our study reveals that most of the subjects who had treatment from the quack was in category of not satisfy which was different from the other study done by Naidu RS *et al*.[7,10] but access to dental care may be one of reason as it was reveal in our study. In the present study, reason for not using qualified dental services was lack of knowledge about dental quacks, 40.87% of subjects were found to be unaware about quackery in dentistry, whereas, in other study cost was quoted as the main reason for it. The reason for this may be the lack of knowledge and attitude of the subjects towards the dental treatment and availability of the professional dental care.

Self rated oral health, though subjective and influenced by a person's prior experience and expectations of dental care, has been shown to be related to actual clinical status. It should be noted though that people with more education have higher self rated oral health and felt needs as compared to less educated . All respondents in this study considered were those who uses quack services and their response found to mix between good and fair as seen in the table 2. These finding should however be viewed with caution, as the majority of respondents in each group had rated their oral health as 'good' or fair.

Some authors have suggested that the cost for treatment and location of private practices may be a barrier to dental care for many people in developing countries.[11] The present study found that lack of accessibility of dental care and lack of knowledge about dental quackery lead to use of dental quack services. However, the rate of felt need was found to be very high as 93% of the respondent feel the need of dental treatment even though the mix response of perception about their oral health. Access to oral health care will fulfill their felt need if it made easy to everywhere by utilizing the oversupply of dental manpower in India.[12] Increasing dental manpower in India leading to unemployment among dental surgeons and this require "oral health policy and management" [13] so that more easy access can be provided with oral heath awareness to the people.

CONCLUSION

In our study low rate was found among the subjects using dental quack services. was among subjects, but one of fact which came out unlike other studies is lack of access to oral health care and unawareness about dental quackery was the main reason of using their quack services among the subjects. India is developing nation with fastest growing economy. It is a high time now to increase our dental care service all around the corners by using oversupply of dental manpower.

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