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ILLNESS BEHAVIOUR AND UTILIZATION OF ORAL HEALTH CARE FACILITIES AMONG TRADERS IN MUSHIN MARKET

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ABSTRACT

Maintenance of good oral hygiene is of paramount importance to oral health, this is due to the fact that oral health is a mirror of overall health and well-being. The use of available oral health facilities is a step in the right direction. The aim of this study was to assess the knowledge, level of utilization, and illness behavior of traders in Mushin market towards use of oral health care facilities.

Cross-sectional study comprised of 300 adults traders with stalls in Mushin market. Data was collected using a structured interviewer administered questionnaire, with segments on socio-demographic characteristics, knowledge, level of utilization, and illness behavior towards the use of oral health care facilities. Data was analyzed using Epi-Info, version 7. Test of association was assessed using Chi-square test (P=0.05).

A total of 300 adults participated in this study with a mean age of 37.7±12.1. Two hundred and eleven (70.3%) were females, two hundred and sixty one (87.3%) had a good level of knowledge of oral health care facilities. Only ten (3.3%) respondents had any significant level of dental health facility utilization, 90 % had poor illness behaviours as regards oral healthcare.

Although most respondent had a good knowledge of dental health facilities in close proximity and availability of dental services, most sought treatment in numerous places apart from the dental clinic.

Keywords: *Illness behaviour, level of utilization, level of knowledge, oral healthcare facilities.*

INTRODUCTION

Maintenance of a good oral hygiene is of paramount importance to oral health, this is due to the fact that oral health is a mirror of overall health and well-being. (Kadaluru, U et al, 2012) According to World Health Organization (W.H.O), Oral health is ‘a state of being free from mouth and facial pain, oral and throat cancer, oral inections and sores, periodontal (gum) disease, tooth decay, tooth loss

and other disease and disorder that limit an individual capacity in biting, chewing, smiling, speaking, and psychological wellbeing.(Petersen, P. et al, 2004)
Illness behavior is the manner in which a person monitors his/her body, defines and interprets symptoms, takes remedial action, and utilizes various sources of help as well as the more formal health care facilities. It can also be said to be the way people monitor and respond to symptoms and symptoms change over the course of an illness and how this affects behavior and eventually, response to treatment. (Sean McHugh et al, 1998)

The utilization of oral health care is complex phenomenon and multifaceted human behaviors. Some studies have also suggested that a lack of understanding of the benefits of good oral-health and competing financial needs worsen oral health access especially among the poor. Untreated oral pathology has devastating effects on the general health, however despite this deleterious effects, dental health services are still inappropriately used. Anticipation of painful dental treatments, high dental charges, long waiting times and being too busy for a dental visit were cited as the most important barriers to seeking dental treatment. (Myburgh, N. G et al, 2004)

These facilities are not being adequately utilized due to lack of knowledge about their existence or orthodox method of treatment of these disease. (Braimoh, M. et al, 2014)

Similar to the general health services, oral health care in Nigeria has been organized through a Public/private mixture of providers based on an out-of-pocket payment system. (Makanjuola J. O. et al, 2015). In Nigeria Public health expenditure accounts for about 20-30% of all expenditures made on health with about 70–80% of all expenditures being private. (Federal Office of Statistics. 2004). Of all the various private health expenditures, out of pocket payment pattern is dominant which accounts for about 90% of all Household expenditures. (Velenyi, E, 2005) This heavy reliance on this method of paying for health services has created a situation where there is no pooling of risks to pay for health services and an absence of risk sharing has ultimately transferred the burden of payment for health services on the poor. (Preker, A. S. et al, 2002) With dental treatment being ranked as the fourth most expensive disease to treat globally, (Petersen, P. E. et al, 2005) the burden of this disease especially in a situation where the method of paying for healthcare is out of pocket would be enormous. (Thorpe, S. J. 2003)

The purpose of this study was to determine the illness behavior and utilization of oral health facilities among traders in Mushin market and to understand the factors limiting their access to these facilities.

MATERIALS AND METHODS

DESCRIPTION OF STUDY AREA: Lagos is the commercial nerve center of Nigeria and is home to many major markets. The state is divided into five Administrative Divisions, which are further divided into twenty Local Government Areas. Sixteen of these are urban while four are rural and Mushin is one of the urban ones.

STUDY DESIGN: This study was a descriptive cross-sectional study carried out to assess the illness behaviour and utilization of oral health facilities among traders in Mushin Market. The study involved traders in Mushin market. The sample size was 300 determined by Cochran formula **SAMPLING TECHNIQUE**: A two staged Cluster Sampling technique was used. In this sampling plan the total population was divided into groups known as Clusters and the elements of each clusters were then sampled. A simple random subsample of elements was selected within each of these groups. Stage 1: Mushin Market was divided into clusters according to the type to items being sold and the geographical location of the traders within the market place. Stage 2: To ensure every cluster was adequately represented, an equal number of participants was randomly selected per cluster based on the calculated minimum sample size for this study. The method used was via balloting (yes/No). All consenting participants who picked "yes" were included in the study. A structured, pretested interviewer- administered questionnaire was used to collect data for the study. The questionnaire developed was guided by existing literature on the illness behavior and utilization of oral health care facilities.

DATA ANALYSIS: Descriptive statistics was used to analyze the data obtained; this was expressed as frequencies and percentages using tables and charts. Data was analyzed using Epi-Info, version 7. Chi-Square was used to test for association to determine if there was a significant difference between illness behaviour and utilization of oral healthcare facilities among traders in mushin market and p value was set at $p = 0.05$.

ETHICAL APPROVAL: This was obtained from Health Research Ethics Committee of College of Medicine University of Lagos, Idi-araba.

RESULTS

Table 1: Socio demographic Characteristics of Respondents

Variables	Frequency(n = 300)	Percentage (%)
Age range (in years)		
18-40	176	60.7
41-60	103	35.5
>60	11	3.8
Mean ± SD		**37.7±12.1**
Sex		
Male	89	29.7
Female	211	70.3
Level of Education		
No formal education	85	28.3
Primary	46	15.3
Secondary	108	36
Tertiary	61	20.3
Religion		
Christianity	195	65
Islam	99	33
Traditional	6	2
Ethnic group		
Hausa	37	12.3
Igbo	90	30
Yoruba	170	56.7
Others	3	1
Marital Status		
Married	206	68.7
Divorced	17	5.7
Single	77	25.6
Years of trading		
1-10	165	55
11-20	88	29.3
21-30	30	10
31-40	16	5.3
41-50	1	0.3

The background characteristics of the respondents as presented in Table 1 shows that 70.3% of traders were females with mean age being 37.7±12.1 and 29.7% were male with mean age being 37.7±12.1. There were more Yoruba traders than any other tribe (56.7%), secondary school level was the most frequently attained level of education with 36.0%, 68.6% of the respondent were married, Majority(65%) of the respondent were Christians.

Figure 1: Level of knowledge of oral health care facilities among respondents

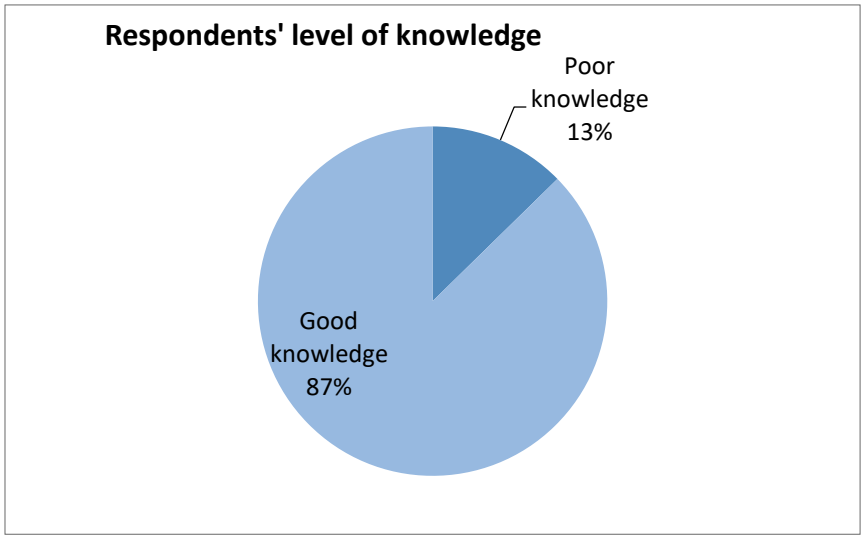

Figure 1 shows that 87% of the respondents had a good level of knowledge of oral health care facilities, and 13% of the respondent had a poor level of knowledge of oral health care facilities.

Majority of the respondent knew of the existence of an oral health facilities, and also knew that there were treatment for dental problem.

Figure 2: Level of utilization of oral health care facilities by respondents.

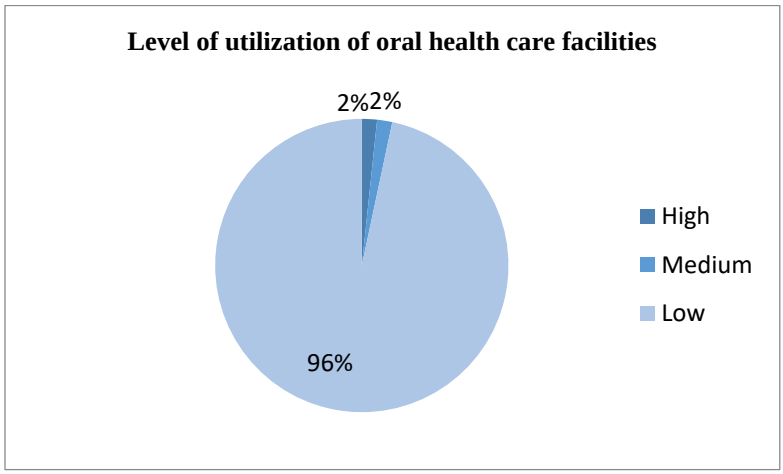

Figure 2 shows that only 10 (4%) of the respondents had between medium to high level of utilization of oral health facilities. The level of utilization of the oral health care facilities was low and most of the respondent that visited it did so only when they had pain in their tooth or other dental problem not for regular dental check-up.

Figure 3: Illness behaviour among respondents

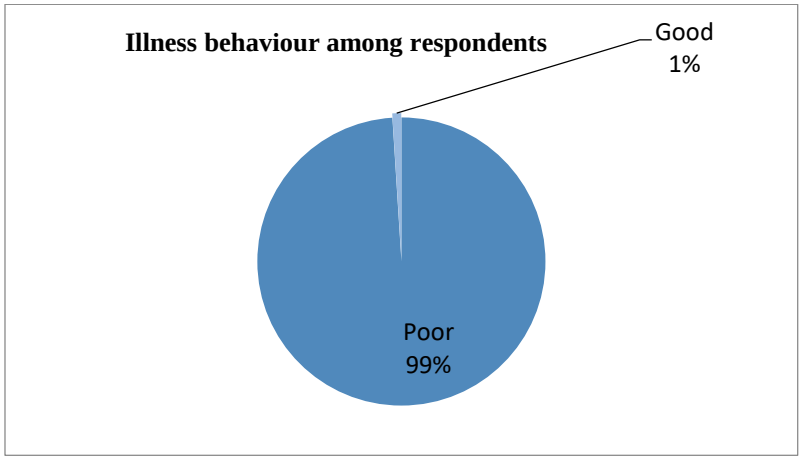

Figure 3 shows that majority of the respondents, almost 100%, have poor illness behaviour as regards oral health.

The illness behaviour of the respondent was poor, this is due to the fact that a large percentage of them sort for other means of treatment to different dental ailments, and they used all forms of unorthodox forms of treatment like touch and go, battery water, shea butter, local gin and so on. Instead of visiting a dental facility when they had a dental problem they went to a traditional healer, chemist and road side vendor of all sorts of drugs.

DISCUSSION

In this study, the main objectives were to assess the knowledge of available oral healthcare facilities among traders in Mushin market, to determine the level of utilization of oral health care facilities by traders in Mushin market, to assess the illness behavior of traders Mushin market with regards to oral health. Three hundred questionnaire were administered and all were properly filled by respondent giving a response rate of 100%. Majority (87.3%) of the respondents had a good level of knowledge of oral health care facilities, while 12.7% of the respondent had a poor level of knowledge of oral facilities. This result was similar to the study carried out in Enugu which also showed that majority of the respondent had a good knowledge of oral health care facility. (Brieger, W. R. et al, 2004).

The results of this study showed that, of the 300 respondents, only 10 (3.3%) of the respondents had between medium to high level of utilization of oral health facilities. This is in contrast to the study carried out in Nigeria which was low as compared to a study carried out in a western country. (Onwujekwe, O., et al, 2005).

A majority of the respondents, (90%) had poor illness behaviours as regards oral heal. This finding is similar to that carried out in Burkina Faso. (Varenne, B 2004). Illness behaviour was poor in this study, which is be due to the fact that un-orthodox treatment are readily available at the location where the study was carried out. And most of them opted for them because they were relatively cheaper.

Their level of educations had an influenced their knowledge , illness behaviour and utilization of oral health facilities as 20.3% had attained university or college level of education, 36.% secondary level of education, 15.3% primary level of education and 28.3% had no formal education and a higher percentage had good knowledge of oral health care.

A large percentage of the respondents were aware that there were treatment available for dental problem, which was in contrast to a study carried out in

Nigeria, Enugu which revealed that about a sixth of the participants knew there was treatment available for dental problems. (National population census, Enugu, 2006)

The level of utilization was poor in this study and was due to the cost of seeking treatment, lack of time since the respondents were self-employed, which is contrary to a study carried out in Ibadan where they concluded that the major barriers to oral health care utilization among patients were fear related.(Ajayi D et al, 2013)

In this study, a large percentage of the participants knew oral health care services could be obtained in dental facilities while 34.3% thought it could be obtained in a hospital and 19% thought it could be obtained from a traditional healer, 12.3% sort for home treatment and 2.3% sort for treatment at the pharmacy. This is in contrast to a study where they thought it could be obtained from a pharmacy and other forms of treatment. This practice is common in low income countries (Tapsoba, H, et al, 2006) (Ouendo, E. M et al, 2004).

The need for integration of preventive dental services into routine primary health services cannot be overemphasized and the need for awareness not only of oral diseases or where to receive treatment, but there is also a need to raise awareness on also the preventive as well as the restorative aspect of dentistry, that is, what to do if you have already developed a hole in the teeth to prevent numerous extractions.

CONCLUSIONS

Although most of the respondents had a good knowledge of dental health facilities in close proximity and availability of dental services, most of the respondents sought treatment in numerous other places apart from the dental clinic. The major barrier to utilization of the available services is the cost of seeking care in a dental clinic and individual variations in perceived need of care. Even though majority of the respondents claim to know about dental problems and where treatment can be obtained, it does not mean that they will go to the right place.

RECOMMENDATIONS

1) It is recommended that a comprehensive health insurance package which covers oral diseases should be put in place so as to help reduce the cost of dental treatment for these traders.

2) It is recommended that Policies should be formulated by government to curb the sale of unregistered and unsafe un-orthodox drugs especially on the streets and public transportations.

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