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ORIGINAL ARTICLE

Felt and Normative Needs for Oral Health and Utilization of Services

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ABSTRACT

Introduction: Oral health and systemic health are bidirectional in nature, so they need to be given same importance while seeking care. But there exists a striking difference between the felt and normative needs for oral health care, which in turn influence the utilization of care provided. So this study aims to evaluate the felt and normative oral health needs and utilization of care, retrospectively in Moradabad.

Materials and methods: A dental college-based retrospective study was planned to collect data on felt need, normative need, and utilization of care by the population of Moradabad in the past 1 year. The data collected were subjected to relevant statistical analysis.

Results: The normative need (4,842) was statistically more than the felt need (3,681). Only 65.40% of patients made use of the services provided. Utilization of care was more in females (78.62%) than in males (53.73%), which was also statistically significant.

Conclusion: Providing care at reasonable rates at doorstep also does not increase the utilization of oral health care. For this their perception and attitude for oral health has to be changed. So we need more of oral health education program rather than only providing clinical services when needed.

Keywords: Comparative need, Expressed needs, Oral health services, Treatment needs.

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INTRODUCTION

Oral health is a critical but an overlooked component of overall health and well-being. Although there have been impressive advances in both dental technology and in the scientific understanding of oral diseases, significant disparities remain in both the rates of dental disease and access to dental care among subgroups of the population.[1] Oral health needs of a population dictate the total number of members of a population who actually visit oral health care facilities to receive care; it forms the utilization of oral health care population. There are many definitions of need;[2] the taxonomy proposed by Bradshaw[3] is the utmost often cited definition. According to the definition, need is categorized into four types: (1) Need defined by the professional—normative need; (2) need associated with want—felt need; (3) expressed need or demand—felt need is converted into action by seeking care; (4) comparative need, which is assessed by comparing care received by different people with similar characteristics. The concept of need is central to the planning, provision, and evaluation of health services. For effective planning and evaluation of any health service, both estimates of levels of need and demand for treatment should be taken into account.[2] In spite of prevalent distribution of dental diseases, dental care is being utilized by very few. Thus, an extensive breach is formed between the actual dental needs of the population and the demand for dental care.[1] So the aim of the present study was to evaluate the felt and normative needs for oral health care and the level of utilization of dental services by the population of Moradabad, India.

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MATERIALS AND METHODS

This retrospective study of dental records was planned with all the data from village camps and departmental outpatient department (OPD) registers maintained in the Department of Public Health Dentistry, Kothiwal Dental College and Research Centre, Moradabad, India. Ethical clearance for the present study was obtained from the Institutional Ethical Committee and was planned to include records of 12 months period (May 1, 2013 to April 30, 2014) for calculating utilization of care and 13 months record (April 1, 2013 to April 30, 2014) for calculating oral health care needs. For utilization of care, 1 month time is provided by the department after being informed about the needs in the camps, to utilize the facilities free of cost when they report to the department. While calculating needs and utilization of care, the gap period of 1 month

was also taken into consideration. Calculation of felt need was based on the chief complaint of the patient for which they had reported at the free dental camp conducted by the department. This was followed by calculation of normative treatment needs of each patient from the treatment needs column of the register. Then utilization of dental services was assessed by matching the records of the previous registers with that of camp treatment register and departmental OPD register. Statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS Inc., Chicago, Illinois, USA) version 19.0 program for Windows. Descriptive statistical methods were used for the evaluation of the data. The quantitative data were compared using the chi-square test, and the value of $p < 0.05$ was considered significant.

RESULTS

A total of 52 village camps were conducted in and around Moradabad during this period, screening a total of 5,224 individuals with one or other oral health-related problems. Out of these, only 1,550 (29.67%) could be provided treatment in the camps itself but only 382 (7.31%) patients could be provided with the full range of treatments and the rest 4,842 (92.69%) patients were referred to the college. No statistically significant difference for gender was found for felt and normative need for care ($p > 0.05$) but a statistically significant ($p < 0.05$) difference for normative and felt need for care was seen (Table 1). A statistically significant ($p < 0.05$) difference was observed for the categories of care needed, but this difference is not statistically significant while comparing between males and females. Periodontal therapy (76.01%) is the most prevalent care needed, followed by extraction (37.21%) and restoration (36.80%; Table 2). For the utilization of oral health care available, 3,167 (65.40%) patients turned out at the department, which includes 78.62% (1,784 out of 2,269) females and 53.73% (1,383 out of 2,573) males. A statistically significant difference was recorded in utilization of care between males and females (Table 3). There is no statistically significant ($p > 0.05$) difference between the types of care utilized. The most prevalent type of care utilized is extraction (62.87%) followed by periodontal therapy (56.33) and restoration (53.59%) and the least utilized service is orthodontic treatment. Based on the normative needs, only 53.41% of the care was utilized (Table 4).

DISCUSSION

Demand for health care is solely dependent on patients' perception of need. Patients are often unaware of the

Table 1: Distribution of subjects according to age, sex, and type of oral health care need

Type of need		*Up to 35 years, n*	*36–45 years, n*	*46–55 years, n*	*56 years and above, n*	*Total n*	*Significance p*
Felt need	Male	210	686	627	445	1,968	<0.05
	Female	267	581	562	303	1,713	
	Total	477	1,267	1,189	748	3,681	
	Chi-square = 7.09, p = 0.321						
Normative need	Male	322	861	853	537	2,573	
	Female	316	788	706	459	2,269	
	Total	638	1,649	1,559	996	4,842	
	Chi-square = 8.04, p = 0.333						

Table 2: Distribution of subjects according to categories of oral health care needed

	Felt oral health need			*Normative oral health need*			
Care needed	*Male (1,968) n (%)*	*Female (1,713) n (%)*	*Total (3,681) n (%)*	*Male (2,573) n (%)*	*Female (2,269) n (%)*	*Total (4,842) n (%)*	*Significance p*
Restoration/pulp care	582 (29.57)	464 (27.09)	1,046 (28.42)	993 (38.59)	789 (34.77)	1,782 (36.80)	<0.05
Prosthesis	464 (23.58)	402 (23.47)	866 (23.53)	591 (22.97)	469 (20.67)	1,060 (21.89)	
Periodontal therapy	1,193 (60.62)	968 (56.51)	2,161 (58.71)	2,062 (80.14)	1,618 (71.31)	3,680 (76.01)	
Orthodontic treatment	167 (8.49)	156 (9.11)	323 (8.77)	381 (14.80)	376 (16.57)	757 (15.63)	
Extraction/surgery	764 (38.82)	557 (32.52)	1,321 (35.89)	917 (35.64)	885 (39.01)	1,802 (37.21)	
Total	3,170	2,547	5,715	4,944	4,137	9,081	
	Chi-square = 9.854, p = 0.461						

Table 3: Distribution of subjects according to age, sex, and utilization of oral health care need

	Up to 35 years, n	*36–45 years, n*	*46–55 years, n*	*56 years and above, n*	*Total n*	*Significance p*
Male	189	456	427	311	1,383	<0.05
Female	279	622	615	268	1,784	
Total	468	1,078	1,042	579	3,167	

Table 4: Distribution of subjects according to categories of oral health care utilized

	Utilization oral health care based on normative need			
Care utilized	*Male n (%)*	*Female n (%)*	*Total n (%)*	*Significance p*
Restoration/pulp care	471 (47.43)	484 (61.34)	955 (53.59)	>0.05
Prosthesis	289 (48.90)	198 (42.21)	487 (45.94)	
Periodontal therapy	1,061 (51.45)	1,012 (62.54)	2,073 (56.33)	
Orthodontic treatment	97 (25.46)	105 (27.92)	202 (26.68)	
Extraction/surgery	618 (67.39)	515 (58.19)	1,133 (62.87)	
Total	2,536 (51.29)	2,314 (55.93)	4,850 (53.41)	

treatment options available and depend on the health care provider to suggest the appropriate care for their conditions. To increase this awareness, regular dental disease screening and treatment camps are being taken up by our institution in and around the city of Moradabad. So this retrospective study was an effort to make out some baseline data on the oral health care needs and utilization of services provided to the population, which is almost free of cost. It is the obligation of a dentist not only to provide care for the presenting complaint of patients but also to make them aware of and provide treatment for any other condition, i.e., diagnosed during a routine dental examination. This is necessary as it has been shown that patients are unable to assess their dental treatment needs accurately. Assessment of normative needs in patients who seek dental care at an institution is therefore, important as such data could be used to estimate the resources and manpower required to meet the patients.[2,4] Our study shows a statistically significant difference between the felt and normative needs for dental care by the population; this is due to the lack of awareness and attitude of Indian population for oral health care. The normative need was 31.54% more than that of the felt needs of the population. The most prevalent felt (58.71%) and normative need (76.01%) is periodontal care followed by extraction and restoration, similar to findings of study done on a Turkish population (2010), evaluating demands and needs of dental care.[5] The result of our study shows that only 65.4% patients turned out to avail the available care, similar to study done in Delhi (2003)[6] by Maulana Azad Dental College and Hospital and supported by the Government of India–World Health Organization Collaborative Program which shows among the patients who require dental care only 60% visited a dentist. This is attributed to lack of priority for oral health (attitudes) care by patients, lack of time, and self-medication. In the present study, utilization of care is more by the females than males, which is statistically significant and similar to a retrospective study conducted to evaluate the type of patients, disease pattern, and services rendered in dental outreach programs in rural areas of Haryana, India.[7] Extraction (62.87%) is the most prevalent care utilized and orthodontic treatment (26.68%) is the least prevalent care utilized. This is attributed to the cost factor for orthodontic treatment, as this treatment is not provided absolutely free of cost by the institution and may also be due to the number of follow-ups required to complete an orthodontic treatment. Normative treatment needs for orthodontic patients depend on the clinical parameters while that of patients' depend solely on the esthetic point; this makes attendance for orthodontic treatment further less.[2] There is also a difference between the felt need (3,681) and utilization of care (3,167), which gives an impression that though people are aware that they have oral health-related problems, still they did not make a point of seeking care. This is due to the fact that nobody considers oral health problems to be fatal; still further prospective studies are needed to identify factors responsible for this neglect for oral health care. Within the limitations of a retrospective study, i.e., missing records, incomplete data, retrieval methodology, this study is a presentation of a baseline data of treatment needs and utilization of oral health care services. The result of the present study concludes that meeting the challenges for utilization of oral health care, namely cost, accessibility, and manpower, is not enough to make population utilize the services provided. For the maximum utilization of care, their felt need has to be increased, only then will they seek care. So we need to emphasize more on educating population about their oral health, its influence on systemic health, and how to make maximum use of the facility available. Once their attitude and perception about oral health and oral health care provider is changed, then the striking difference between the felt need and normative need can be minimized, which will lead to utilization of care.

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