



## Affordability versus willingness for dental treatment - A survey

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### ABSTRACT

Financial barriers are an important reason for not being able to see a dentist. Still, lack of information and awareness about dental treatment acts as a barrier in getting quality dental treatment even among financially strong individuals in our country. This study aimed to analyze the awareness about dental treatments and willingness to spend on dental treatment among patients as an important factor in determining the treatment plan. A structured questionnaire was framed to evaluate the buying capacity of individuals towards comfort and gadgets and their buying capacity when it comes to dental treatment, and the responses were collected using an online surveying tool. Only 20% visit the dentist on a periodic basis for checkups, and the other 80% were unaware of the concept of regular dental checkups and visited the dentist only when they had dental complaints. 45% visited dentist only after getting pain. 33% received fillings and root canal. Of the 25% who underwent extraction only 10% replaced the extracted teeth. 20% only received consultation and medications and didn't turn up for other treatments. Even when the dentist offered different treatment plans, 46% of the patients chose the cheaper option. 76.3% of the surveyed people had health insurance and among them, and 36.3% were not aware of the fact whether their health insurance covers their dental treatment. People are more willing to spend for gadgets and comfort than the basic dental needs. Most of them are unaware of the fact about regular dental visits and visit the dentist only on getting pain or other severe problems and show negligence towards spending for other crucial treatments even when the dentist educates them about the need for the treatment.



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### INTRODUCTION

Financial barriers are a significant purpose behind not having the option to see a dentist. Absence

of inspiration towards oral health and dental techniques and the absence of mindfulness about dental insurance is making the patients show carelessness towards dental medicines. Patients visiting the dental specialists favour getting treatment just for their central issue and abstain from accepting further follow up medicines much after appropriate instruction about dental medicines by their dental specialists (Guay, 2004).

Some health insurance designs in India do cover dental medicines as a piece of their clinical insurance spread (Shigli *et al.*, 2007). There are numerous investigations that attention on the openness of dental medicines in Low salary individuals, however, the absence of data and mindfulness about dental treatment goes about as a boundary in get-

ting quality dental treatment even among financially resilient people in our nation (Toor and Jindal, 2011). This survey focuses on patients who can afford the treatment and assessing their attitude towards receiving high-quality dental treatments.

**Aim**

The aim of this study was to analyze the awareness about dental treatments and willingness to spend on dental treatment among patients as an important factor in determining the treatment plan.

**MATERIALS AND METHODS**

A specially designed questionnaire was distributed using a web designed program. The questionnaire was designed with a total of 18 questions containing three groups the first group of questions focus mainly in assessing the socioeconomic status of the patients and the next group of questions about their previous dental experiences and the final set of questions were directed towards dental treatment fares and dental insurances. The data was collected from the web survey, and the results were tabulated using Google sheets and analyzed in SPSS software.

**RESULTS AND DISCUSSION**

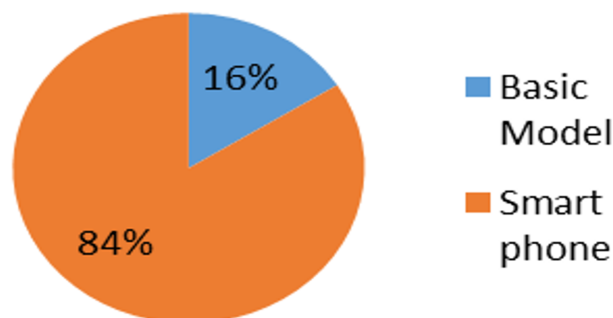
84% of the patients in the survey used smartphones [Figure 1], and 38% of the patient’s family more than three members were using smart phones [Figure 2], and majority spend less than 1000 rupees per month on mobile phone bills [Figure 3]. 76% of the people prefer a car for travelling with family [Figure 4]. Whereas only 20% visit the dentist on a periodic basis for checkups and the other 80% were unaware of the concept of regular dental checkups and visited the dentist only when they had dental complaints [Figure 5].

45% visited dentist only after getting pain.33% received fillings and root canal. Of the 25% who underwent extraction only 10% replaced the extracted teeth.20% only received consultation and medications and didn’t turn up for other treatments [Figure 6].

Even when the dentist offered different treatment plans, 46% of the patients chose the cheaper option. [Figure 7].76.3% of the surveyed people had health insurance and among them [Figure 8] and 36.3% were not aware of the fact whether their health insurance covers their dental treatment. [Figure 9].

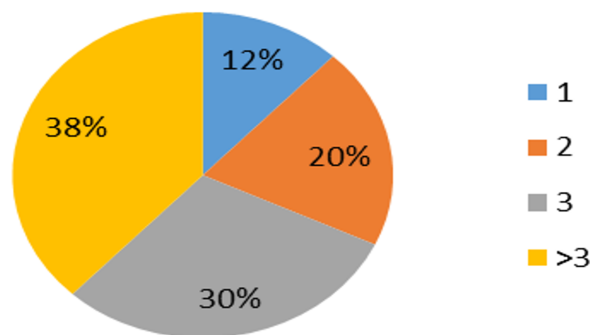
There are numerous articles expressing the association between financial status and dental consideration openness. Factors, for example, monetary status, cost of the treatment, dental tension, past

**what kind of phone do you use?**



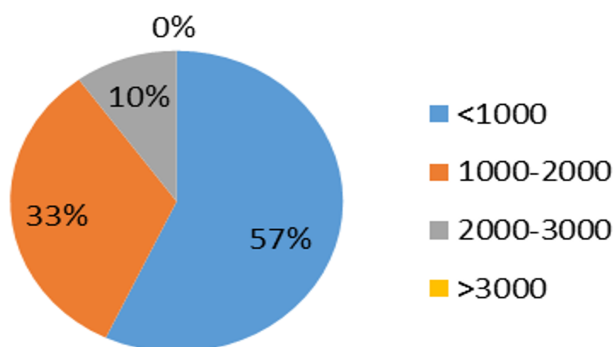
**Figure 1: Phones used**

**How many people in your family use smart phones?**



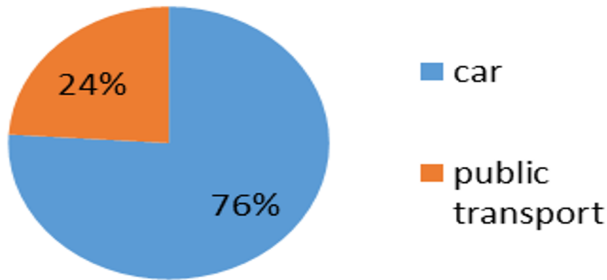
**Figure 2: Family members using phones**

**On an average how much do you spend on phone bills?**



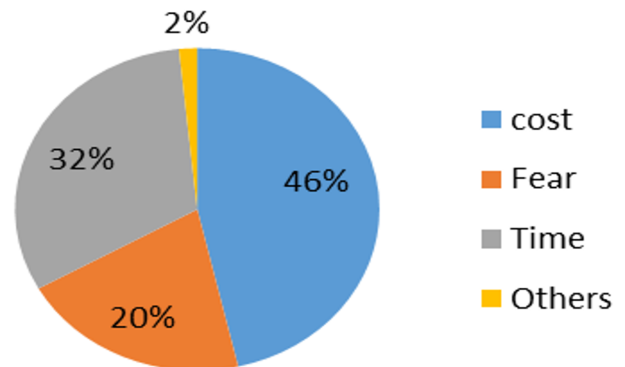
**Figure 3: Spending on phones**

**Mode of transport while travelling with family**



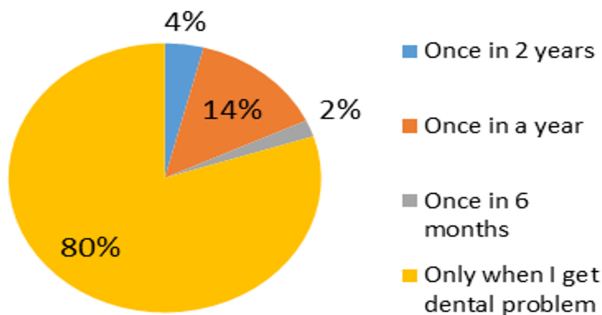
**Figure 4: Mode of transport**

**If yes, what was the reason for not choosing the other option?**



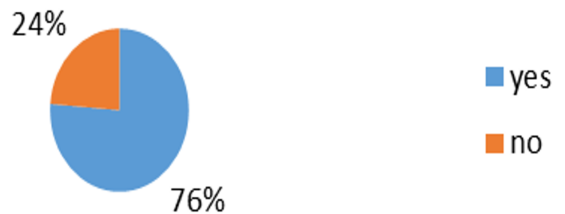
**Figure 7: Reason for choosing a treatment**

**How often do you visit your dentist?**



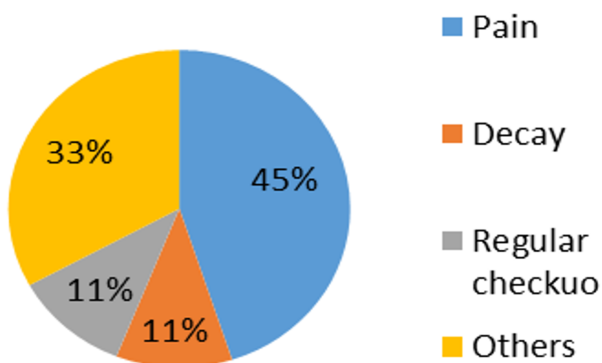
**Figure 5: Frequency of visiting dentist**

**Do you have health insurance?**



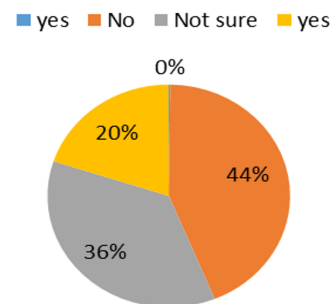
**Figure 8: Health insurance**

**Reason for dental visit?**



**Figure 6: Reason of visiting dentist**

**does your health insurance cover dental treatments?**



**Figure 9: Awareness of health insurance covering dental treatment**

dental encounters go about as barriers in accepting dental treatment (Locker *et al.*, 2011; Toor and Jindal, 2011). Training assumed a significant job in guiding the individuals to improve dental treatment (Dehmoobadsharifabadi *et al.*, 2018). Patients with occupied ways of life will, in general use crisis administrations or postpone dental treatment. As per the study that we led, there were 32% of the patients who detailed maintained a strategic distance from certain dental methodology as they were tedious. (Teusner *et al.*, 2013).

Dental Expenses in low pay individuals is viewed as an unreasonably expensive extravagance and is low on the rundown of needs when contrasted with other basic products (Horner-Johnson and Dobbertin, 2016). The consequences of our examination propose that individuals favour spending on advanced mobile phones, devices and other relaxation exercises instead of spending on dental medicines. Despite the fact that the patients are financially steady, the vast majority of them are reluctant towards costly dental medicines that are smarter to the treatment they select. Accessibility of Dental insurance may enable the patients to choose a superior treatment choice (Naavaal *et al.*, 2017).

Individual financial position, salary and training assume a significant job in deciding the Dental treatment (Muirhead *et al.*, 2009). Despite the fact that similar conditions apply to the Indian Population, there is a significant level of carelessness of high financial status patients towards dental consideration in optional dental medicines like prosthesis.

As per (Toor and Jindal, 2011) even with the approach of the 21st century, the dental insurance stays unexplored and insignificant. Being a nation with the world's second-biggest populace, there is a tremendous prerequisite for outside cooperation in the field of dental insurance. In our investigation, also 80% of the individuals either don't have dental insurance, or they don't know whether their health insurance covers dental medicines. There isn't a lot of advancements about dental insurance neither from the insurance organizations nor from the dentists. Indian dental insurance plans are of two kinds: Stand-alone dental insurance or health insurance covering dental medicines (Locker *et al.*, 2011; Toor and Jindal, 2011). Most of the dental plans spread just chosen analytic administrations and crisis treatment.

The carelessness of patients towards top-notch dental treatment must be tended to. Improving and advocating Dental insurance plans will likewise assist this with issuing undeniably (Baldani *et al.*, 2011). In India, there are just scarcely any insurance

plans exist that give dental treatment inclusion and added to that there are numerous systems that are barred from the extent of inclusion. Most the dental insurance plans incorporate just dental costs caused because of a mishap. Just a few fresher health insurance plans are intended to cover all dental expenses. If the patients become mindful about the dental insurance plans, they will come to think about the significance of keeping up oral health and will be progressively open towards dental medicines.

## CONCLUSION

People are more willing to spend for gadgets and comfort than the basic dental needs. Most of them are unaware of regular dental visits. They visit the dentist only on getting pain or other severe problems. Once the primary concern is treated, they show negligence towards spending for other crucial treatments even when the dentist educates them about the need for the treatment.

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## Conflict of Interest

The authors declare that they have no conflict of interest for this study.

## REFERENCES

- Baldani, M. H., Mendes, Y. B. E., de Campos Lawder, J. A., de Lara, A. P. I., da Silva Rodrigues, M. M. A., Antunes, J. L. F. 2011. Inequalities in dental services utilization among Brazilian low-income children: the role of individual determinants. *Journal of Public Health Dentistry*, 71(1):46–53.
- Dehmoobadsharifabadi, A., Singhal, S., Quiñonez, C. R. 2018. Impact of public dental care spending and insurance coverage on utilization disparities among Canadian jurisdictions. *Journal of Public Health Dentistry*, 78(4):346–351.
- Guay, A. H. 2004. Access to dental care. *The Journal of the American Dental Association*, 135(11):1599–1605.
- Horner-Johnson, W., Dobbertin, K. 2016. The dental insurance and dental care among working-age adults: differences by type and complexity of disability. *In Journal of Public Health Dentistry*, 76:330–339.
- Locker, D., Maggias, J., Quiñonez, C. 2011. Income, dental insurance coverage, and financial barriers to dental care among Canadian adults. *Journal of Public Health Dentistry*, 71(4):327–334.

- Muirhead, V. E., Quiñonez, C., Figueiredo, R., Locker, D. 2009. Predictors of dental care utilization among working poor Canadians. *Community Dentistry and Oral Epidemiology*, 37(3):199–208.
- Naavaal, S., Barker, L. K., Griffin, S. O. 2017. The effect of health and dental insurance on US children's dental care utilization for urgent and non-urgent dental problems - 2008. *Journal of Public Health Dentistry*, 77(1):54–62.
- Shigli, K., Hebbal, M., Angadi, G. S. 2007. Attitudes Towards Replacement of Teeth Among Patients at the Institute of Dental Sciences, Belgaum, India. *Journal of Dental Education*, 71(11):1467–1475.
- Teusner, D. N., Brennan, D. S., Spencer, A. J. 2013. Dental insurance, attitudes to dental care, and dental visiting. *Journal of Public Health Dentistry*, 73(2):103–111.
- Toor, R. S., Jindal, R. 2011. Dental insurance! Are we ready? *Indian Journal of Dental Research*, 22(1):144–144.