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CONNECTION BETWEEN THE LEVEL OF EDUCATION AND THE LEVEL OF DENTAL ANXIETY AMONG THE PATIENTS IN PAKISTAN

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Abstract:
Objective: This research was planned to examine the connection between the level of education and the level of dental anxiety among patients in Pakistan.
Patients and Methods: Descriptive cross-sectional research design was the basis of the current analysis. Data from patients at the Public Sector Dental Hospital, Nishtar Institute Of Dentistry Multan was obtained. Data from 160 patients who visited the dental hospital at the time of the survey and participated as volunteers in the study was collected. Chi-square was used to investigate the relationship between patients at the educational level concerning dental anxiety.
Results: The Chi-Square findings showed that the degree of education and dental anxiety showed a substantial difference (X2 = 125.867, P > .001). Mild dental anxiety was higher among patients with under-matric education (80 per cent), followed by patients with enrollment levels of education (70 per cent), then patients with higher secondary education (52 per cent), and 35 per cent of patients with graduate degrees. With moderate to extreme dental anxiety, patients with a graduation degree are higher (38%), and patients below the stage of matric education are lower (10 per cent). More patients with dental phobia were located in the graduated patient group (27 per cent) and fewer in patients below matriculation (10 per cent).
Conclusion: In conclusion, with dental anxiety levels in patients coming to public dental hospitals in Pakistan, the educational level was found to be high. To fill the void literature, the reasons behind these results should be examined as patients with higher educational levels have a higher degree of dental anxiety than previous literature.

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INTRODUCTION:

In various countries, dental anxiety or dental apprehension among children has been reported as a public health dilemma that has been discussed at a much broader level. Anxiety is characterized as a pathological disorder with an intense emotional state of fear, complemented by somatic signs correlated with the autonomic nervous system's over-reactivity. Dental anxiety, however, is a condition of intense physiological reactions concerning any dental procedure. It is a disorder that persists from earlier experience to the present condition and prevents patients from benefiting from dental care. For the most part, it was concluded that patients with dental anxiety have negative attitudes associated with any dental procedure or dentist, and appear to over-stress dental treatment-related incidents. For example, after local anaesthesia, a short term and necessary dental procedure may be considered a very stressful and challenging experience for the patient. As a result, individuals with a higher degree of dental anxiety have a pattern of continually avoiding their dental care, mediating the early intrusions and effects of worsening oral health problems. The primary and significant cause of developing dental anxiety among patients is childhood traumatic dental treatment. However, the attitude of the family towards dental care is also a significant factor, as it is a fundamental factor in the development of dental anxiety, as well as anxiety and socio-environmental aspects. Individuals with dental anxiety are not a standardized group; there is a greater incidence among women and low-wage individuals. To explore the extent of dental anxiety, the correlation between age and education was tested, but conflicting results were obtained. To investigate the connection between the degree of dental anxiety and education, numerous research studies have been carried out. Few of them showed that a higher level of education helps the patient to deal better with dental anxiety and to have a lower level of dental anxiety. Others, however, showed no correlation between education level and dental care anxiety. So, to further explore this connection between the Pakistani population as a lower-middle-income country with a lower literacy rate, this research was planned to explore the association between the level of education and the level of dental anxiety among Pakistani patients in this study.

PATIENTS AND METHODS:

Descriptive cross-sectional research design was the basis of the current analysis. Data from patients at the Lahore Public Sector Dental Hospital was obtained. The educational level was taken demographically, and the Updated Dental Anxiety Scale11 was used to assess the level of dental anxiety. It was composed of five questions graded on the Likert scale of five points. The score range lies between 5 and 25. The range of scores varies from 5 to 10 for mild anxiety scores, from 11 to 18 for moderate to extreme anxiety score levels, and from 19 to 25 for dental phobia. Data from 160 patients who visited the dental hospital at the time of the survey and participated as volunteers in the study was collected. Data was gathered after written consent was obtained from the patients. Chi-square was used to investigate the relationship between patients at the educational level concerning dental anxiety. For statistical significance, a p-value of 0.05 was set as the level.

RESULTS:

The Chi-Square results showed that there was a substantial difference in educational level and dental anxiety (X2 = 125.867, P> .001). Mild dental anxiety was higher among patients with under-matric education (80 per cent), followed by patients with enrollment levels of education (70 per cent), then patients with higher secondary education (52 per cent), and 35 per cent of patients with graduate degrees. With moderate to extreme dental anxiety, patients with a graduation degree are higher (38%), and patients below the stage of matric education are lower (10 per cent). More patients with dental phobia were located in the graduated patient group (27 per cent) and fewer in patients below matriculation (10 per cent).

Table-1: Dental anxiety among patients with different educational levels

Educational Level	Dental anxiety level			X 2	Sig.
	Mild Anxiety	Moderate to Severe	Phobia	125.867	0.00
Below Matric	80.0%	10.0%	10.0%		
Matric	70.0%	20.0%	10.0%		
Intermediate	52.0%	27.0%	21.0%		
Graduation	35.0%	38.0%	27.0%		

DISCUSSION:

The goal of the research was to investigate the prevalence of dental anxiety among patients with different levels of education. It was examined that there was a significant difference in educational level and dental anxiety. Mild dental anxiety was higher among patients with below matric education, followed by patients with enrollment level education, and then came patients with higher secondary school education and graduation degree patients. With moderate to extreme dental anxiety, graduation degree patients were found to be higher, and patients below the stage of matric education were found to be lower. More patients with dental phobia were found in the graduated patient group, and less so in patients below the matrix. Saatchi et al. said that better levels of education help the patient to cope better with dental anxiety and have less degree of dental anxiety, according to Saatchi et al.. Still, the findings of the current study showed that better education causes higher levels of dental anxiety could be due to the perception of the maximum worst that could be done by any dental care. Although the findings of the present study negate the results of previous research, there has been no significant association between levels of dental anxiety and education.

CONCLUSION:

In conclusion, with dental anxiety levels in patients coming to public dental hospitals in Pakistan, the educational level was found to be high. To fill the void literature, the reasons behind these results should be examined as patients with higher educational levels have a higher degree of dental anxiety than previous literature.

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