Choise of dental care among 16–18 year olds in Oslo

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One of the objectives of organized school dental service is to create ability and willingness among young adults to maintain a preventive oral health care, e.g. regular dental visits. In order to investigate the decisions about and plans for dental care among school dental service leavers a questionnaire was sent to a probability sample of 258 young adults who had finished ninth grade eight months earlier. The participation rate of the Youth Dental Program (YDP) was approximately 90 %. The drop-outs were made up of at least two rather distinct groups. One of them was dominated by subjects with a high social background and they chose to a great extent care in private practice. The other group was dominated by young men with a low social background. They finished school early and expressed pessimistic expectations to the life-time of their own teeth.

Key-words: Drop-out; social determinants; satisfaction; expectations

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In Oslo free, organized school dental service is given to all children from the age of three until they finish the ninth grade (i.e. approximately at 15–16 years of age). This grade is the last compulsory school year. In 1975 the community of Oslo expanded the dental service by establishing an incremental dental care program covering young adults who had finished ninth grade up to the age of 18. An application form has since been mailed for the applicants to fill in and return together with a fee of N.kr. 35. Apart from this fee the care is free. The members of the Youth Dental Program are summoned regularly to the public clinics mainly in the districts where they live and had their school dental service.

Lately, attention has been drawn to young adults' ability to cope with the change from organized school dental service to either young adults' care programs or to dental care in ordinary private practice (1, 8, 9, 11). It has been shown that the dental care habits of young adults are irregular (2, 3, 5). Although dental care is economically supported there are groups of 20–40 % of a year group who cannot manage regular dental visits (3).

The purpose of this survey was to describe and compare participants and non-participants of the Youth Dental Program in Oslo.

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MATERIAL AND METHODS

When this survey was planned it was not yet known that the participation rate of the Youth Dental Program would be as high as 85–90 per cent of a year group. Consequently, the following sampling method was used: Pupils, 16–17 years of age, were stratified according to participation in the Youth Dental Program. From each strata a sample was selected systematically by picking out every 30. participant in the Youth Dental Program (+YDP) and every 4. non-participant (–YDP) amounting to 258 persons (Table 1). A questionnaire with 22 questions was sent eight months after they finished ninth grade. After two weeks a reminder was sent to the non-respondents followed by another reminder with a new copy of the questionnaire a month later. The number of respondents is seen in Table 1. The response rate was calculated as:

$$\frac{\text{responses} \times 100}{\text{sample (–change of address, moved out etc.)}}$$

The response rate was 85 % in the +YDP group and 74 % in the –YDP group. The respondents were divided into three social groups according to information on the fathers occupation (Table 2). The high social group comprised professionals and executives; the middle social group consisted of white collar employees and foremen and the low social group was made up by blue collar occupations.

Table 1. *Distribution of young adults in sample and response according to participation in a Youth Dental Program (YDP) and sex. Percentages in italics*

	–YDP			+YDP		
	♂	♀	Total	♂	♀	Total
Sample	72	74	146	59	53	112
	49	*51*	*100*	*53*	*47*	*100*
Response	44	54	* 103	46	41	87
	43	*52*	*100*	*53*	*47*	*100*
Moved, address unknown	–	–	10	–	–	9

* 5 of the answers could not be identified by sex

RESULTS

Choice of program

Choise of dental care in the –YDP group is visualized in Fig. 1. More than 50 % believed that they were enrolled in the Youth Dental Program. Twenty-eight % reported that they went regularly to a private dentist and 19 % said that he or she only wanted to see a dentist when in pain or when it was otherwise necessary. More young men than women had such irregular intentions for demand of dental care. When asked why they did not join the YDP, fear, laziness, loss of applicationform, "want to manage myself", were the most frequent answers.

Table 2. *Distribution of respondents according to participation in the Youth Dental Program and social status. Percentages in italics*

Youth Dental Program	Social status				Total
	High	Middle	Low	Unknown	
Non-participants	30 *24*	41 *40*	19 *18*	13 *13*	103 *100*
Participants	16 *18*	32 *37*	33 *38*	6 *7*	87 *100*

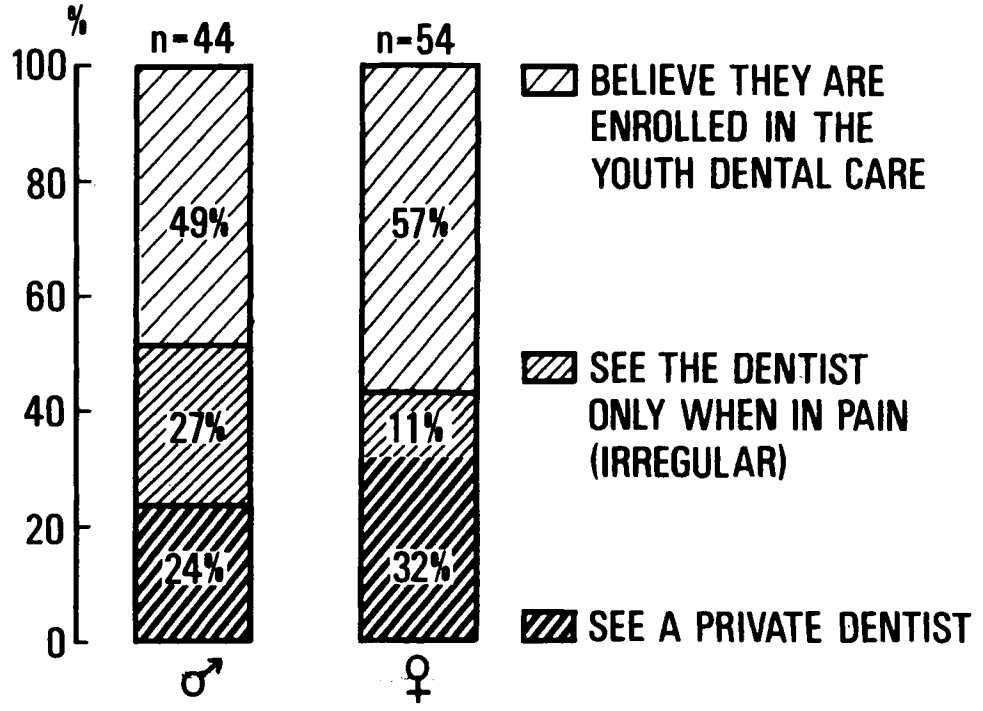

Fig. 1. Choice of dental care by sex among nonparticipants in a Youth Dental Program. (Five persons could not be identified by sex.)

Knowledge of the Youth Dental Program

Ninety-five % were aware of the program's existence. Sixty-one and 76 % of the +YDP and –YDP groups, respectively, had their knowledge from the school. Seventy-three % in the –YDP group compared with 93 % in the +YDP group remembered that they had received the application form by post.

Social background

As seen in Table 2 there were relatively more persons with high and less with low social status in the –YDP group than in the other group. The influence of social status on choice of dental service is seen in Fig. 2. More persons with a high social background than low chose care in private practice. Irregular attitudes for demand of dental care were more common among young adults with low social background.

The social status of the family of the respondents also had some effect on whether a private practioner was visited during the years of regular school dental service. This, however, holds true only for the –YDP group (Fig. 3).

Employment

Eighty and 90 % of the –YDP and +YDP group, respectively, went to school. The –YDP who had finished school after ninth grade indicated more irregular dental visits than those who still went to school (Fig. 4).

Satisfaction with own teeth

Only a few were unhappy about their teeth (Table 3). The majority were very or quite satisfied. This positive attitude did not re-

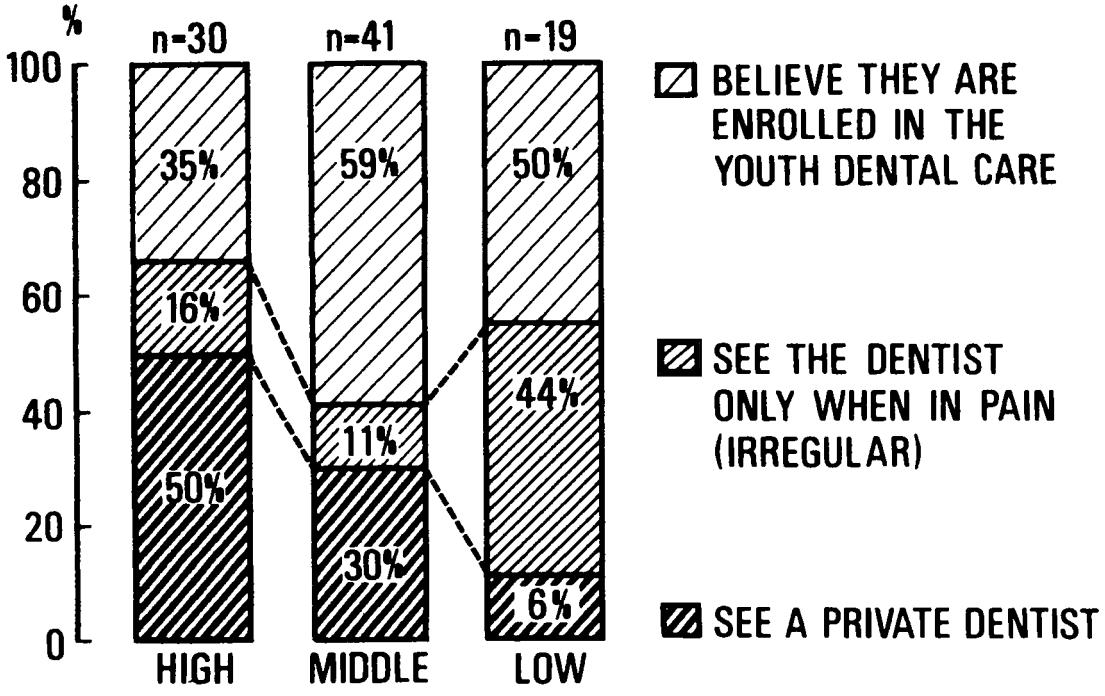

Fig. 2. Choice of dental care by social status among non-participants in a Youth Dental Program. (13 persons could not be identified by social status.)

Table 3. *Satisfaction with own teeth. Distribution of answers by participation in a Youth Dental Program. Percentages in italics*

Youth Dental Program	Satisfaction						Total	
	Hight		Middle		Low			
Non-participants	23	*24*	61	*65*	10	*11*	*94	*100*
Participants	15	*18*	60	*72*	8	*10*	*83	*100*

* 13 persons did not answer the question

Table 4. *Expectations to life-time of own teeth. Distribution of answers by participation in a Youth Dental Program. Percentages in italics*

Youth Dental Program	"My teeth will last till I get":						Total	
	"30-40 years"		"60 years"		"The rest of my life"			
Non-participants	21	*22*	24	*26*	49	*52*	*94	*100*
Participants	5	*6*	30	*36*	48	*58*	*83	*100*

* 13 persons did not answer the question

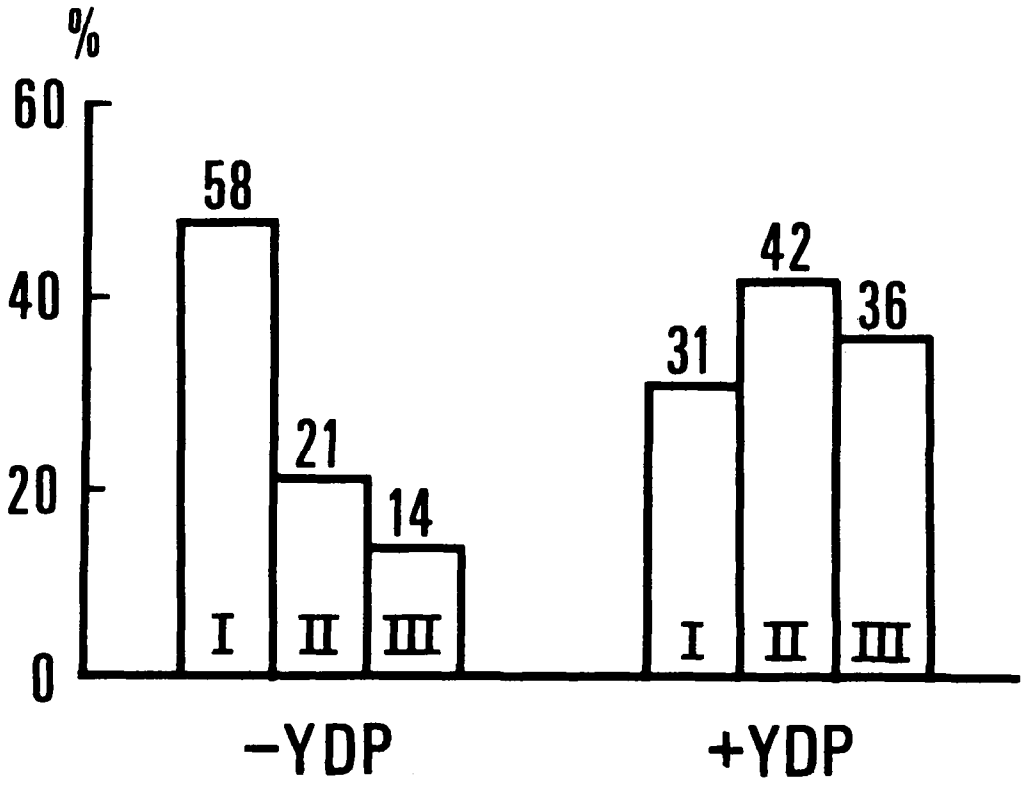

Fig. 3. Percentages who visited a private dentist in addition to school dental service among participants (+YDP) and non-participants (−YDP) in a Youth Dental Program according to social status. (I = high, II = middle, III = low.)

appear in the expected length of time the respondents thought they would keep their teeth (Table 4). There was a clear relationship between the degree of satisfaction with own teeth and the expected life-time of the teeth (Fig. 5).

DISCUSSION

From a public health point of view 16–18 year old teenagers may seem quite easy to plan for. The majority go to some kind of school, 95% live at home, and the response-rate of the Youth Dental Program is high. Approximately one third of those who are not in the program claimed to pay regular visits to private practitioners. Left is a group of which the majority indicated that they participate in the YDP program, but they were not on the official lists. Whether they had misunderstood application procedures or purposely had improved the appearance of their answers is uncertain. A combination of the two explanations is likely. Some of these young adults together with those who indicated that they did not see a dentist regularly, constitute the drop-outs between the programs. They are characterized by a overweight of boys, they have a low-status background, many of them leave school early and they have pessimistic expectations to the life-time of their own teeth. In this context it would be valuable to investigate the hypothesis that the strength of a preventive attitude follows the expectation of the life-time of the teeth.

It is highly probable that the majority of the non-respondents in this survey together with the drop-outs form a multi-

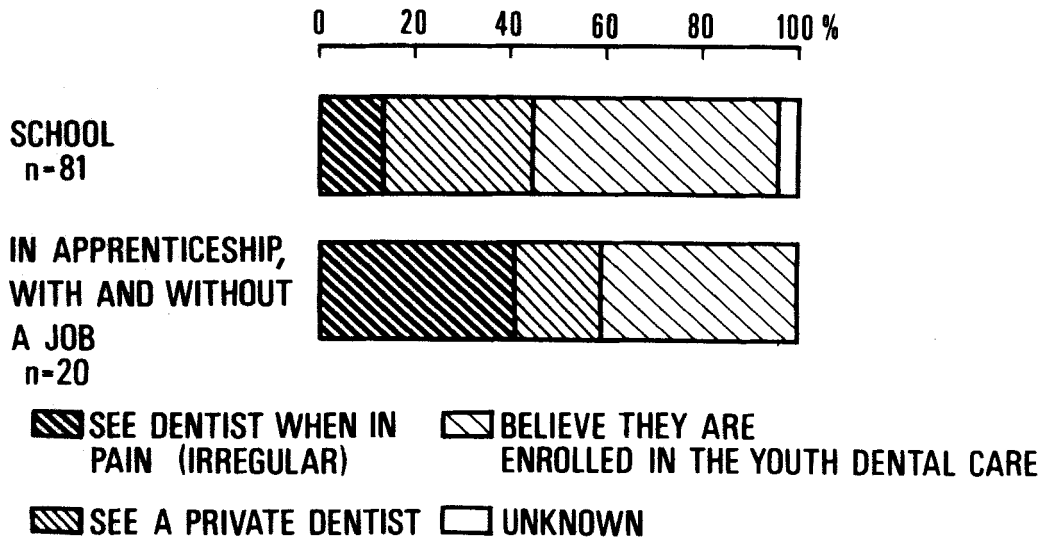

Fig. 4. Choice of dental care among non-participants in a Youth Dental Program according to employment. (Two persons did not answer the question.)

problem group (4). Information from the non-respondents would most likely enlarge – in quantity and quality – the group of drop-outs. It seems obvious that the situation for young adults in big cities is difficult these years. Unemployment, dissatisfaction, inactivity and drugs, create problems for social activities and preventive health programs (4, 10). Dental health is a minor problem and cannot be appraised isolated. Cross-professional cooperation seems necessary to prevent these young adults from becoming also dental loosers. Some of the male drop-outs will get a new chance of dental care as military recruits. One survey from northern Norway showed that young men explained their drop-out of the dental service by the Armed Forces' Dental Service (3). In this service, they said, they knew they would get free treatment anyway. The Armed Forces' Dental Service in this respect may work as a two-edged sword. The female drop-outs are in a worse position. They will not be "caught" by a new service. Information gathered by interviewing drop-outs at later occational dental visits indicate that when they first dropped out, they did not have deliberate plans for a long-term drop-out (6). As time passes some of them realize that they should have seen the dentist, but now they feel embarrassed. They are afraid of a reproach, and the dental visit is postponed again.

In conclusion the results indicate that it is important to make sure during the last compulsory school year that everybody has the necessary knowledge and understanding of where and how they can continue their regular dental care. This information- and attitude aspect should in particular be given to male school leavers. It also seems important to make young people feel comfortable with their own teeth, even much repairwork has been done. Confidence in the longevity of teeth, when taken reasonably care of, should be reinforced instead of teared down by threatening warnings on edentulousness.

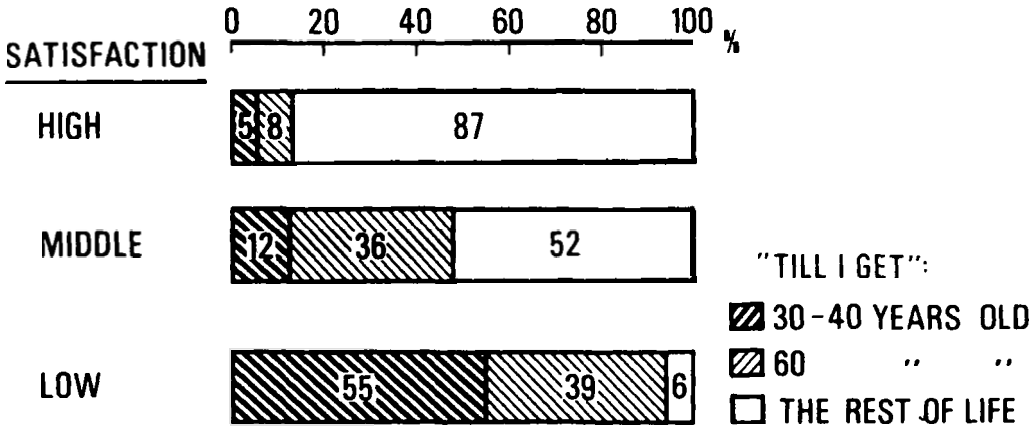

Fig. 5. Respondents' expectations to the life-time of own teeth according to satisfaction with own teeth. Percentage.

REFERENCES

1. Antoft, P.E., Gadegård, E. & Lind, O.P. Social equality and caries studied in 1.719 Danish military recruits. Community Dent. Oral Epidemiol. 1974, 2, 305–315
2. Antoft, P. Short communication. Tandlægebladet, 1976, 80, 454–456
3. Birkeland, O.H. Behandlingsvaner blant en gruppe nord-norsk ungdom i alderen 18–20 år. 1978, Folketannrøkta i Troms. Printed report
4. Ericsson, K. & Johansson, M. På parti med ungdomsgruppa. Metoder i arbeid med "problemungdom". Universitetsforlaget, Oslo, Bergen, Tromsø 1976
5. Holst, D. Tandbehandlingsmønstret blandt grupper af unge tilmeldt og ikke tilmeldt regelmæssig tandpleje. 1976, Printed report
6. Holst, D., Wagner, T., Faehn, O., Oftedal, N. Ambulant tannbehandling i generell anestesi. Nor. Tannlæg. Foren. Tid. 1978, in press
7. Jensen, K. Dental care practices and socio-economic status in Denmark. Community Dent. Oral Epidemiol. 1974, 2, 273–281
8. Schwarz, E. & Simonsen, A. Tilslutningen til den regelmæssige ungdomstandpleje belyst ved en undersøgelse af fødselsårgangene 1951 og 1952 i Korsør kommune. Tandlægebladet, 1972, 76, 885–899
9. Schwarz, E. & Helm, T. Ungdomstandpleje inden for rammen af en kommunal børnetandpleje. Tandlægebladet 1978, 82, 151–157
10. Stang, H.J. Ungdom på drift. 1976, Universitetsforlaget, Oslo
11. Sutcliffe, P. & Hunter, B. A 2-year retrospective study of demand for dental care from Scottish school leavers. Community Dent. Oral Epidemiol. 1976, 4, 171–175