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Dental Visit Patterns and Reasons for Avoidance

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ABSTRACT

Introduction: Dental visits play a key role in preventing oral diseases, yet many people avoid them. Patterns of attendance are often shaped by fear, cost, time, and lack of awareness. Identifying these reasons helps in promoting better utilization of dental care services

Methods: This study employed a cross-sectional, Questionnaire-based survey design to assess the dental visit patterns and reason for its avoidance, it was questionnaire of 18 questions

Results: A total of 123 Undergraduate Dental students participated in the study, with a response rate of 84.82%. According to the demographic breakdown, 33.6% of the pupils were male and 66.4% were female. The majority were in their fourth year (49.2%) and third year (27%) of study.

Conclusion: This study revealed that a significant proportion of Undergraduate Dental students experience moderate to high levels of anxiety during Prosthodontics examinations. The main contributing factors identified were fear of clinical errors, limited preparation time, and perceived examiner strictness. Anxiety levels were generally greater among female pupils and those who performed less academically. These findings highlight the need for targeted interventions, such as stress management workshops, improved exam preparation strategies, and supportive examiner-student interactions, to help reduce exam-related anxiety and enhance student performance and well-being.

Keywords: Dental visit pattern reason for its avoidance, dental fear, dental anxiety,

INTRODUCTION

Regular dental visits are essential for maintaining oral health, yet a significant proportion of the population continues to delay or avoid them due to multiple factors. Nearly half of Americans believe that dentists can easily detect dishonesty during consultations, reflecting underlying anxiety and apprehension toward dental visits[13]. Dental anxiety is widely recognized as a primary reason for avoidance, often resulting in irregular attendance and postponed treatment[14]. Accessibility and affordability also play a crucial role; for example, in Canada, disparities in socioeconomic status and insurance coverage strongly influence patterns of dental care utilization[15].

In developing countries like India, barriers are more multifaceted, including financial limitations, lack of awareness, geographic inaccessibility, and cultural perceptions regarding oral health[16]. Additionally, psychological discomfort, fear of pain, and perceived judgment from dental professionals further contribute to non-attendance[13,14].Collectively, these factors shape dental visit patterns and highlight the importance of understanding both individual and systemic reasons for avoidance. Addressing these determinants is vital to designing effective strategies that can enhance dental care utilization and improve overall oral health outcomes.

METHODOLOGY

This study was designed as a cross-sectional, questionnaire-based survey conducted among the general popultion from 18 years of age onwards . The research was carried out at Krishna vishvavidhyapeethover a period of 1 mont ,following ethical approval from the Institutional Ethics Committee.

Eligible participants includedeneral population above age of 18 years old .People were below 18 and who declined to give consent were not included in the study.

Data collection was done using a structured, self-administered questionnaire, which consisted of two sections. The first section gathered basic demographic details such as age, gender, education level ,occupation , and monthly family income. The second section focused on anxiety related to dental visit , reason for dental visit and their prior dental experiences .

The questionnaire was reviewed for clarity and reliability before being distributed. Participation was entirely voluntary, and all responses were kept anonymous to maintain confidentiality

Statistical Methodology:
This study was thoughtfully designed to explore dental visit patterns and reasons for avoidance in a way that values both data and personal experience. A total of 201 responses were collected from general population, slightly exceeding the intended sample size of 200, allowing for richer insights. The collected survey data were entered into Microsoft Excel for initial organization and cleaning. Descriptive statistics such as frequencies and percentages were calculated to summarize socio-demographic characteristics, dental visit patterns, and reasons for avoidance. Associations between categorical variables (such as education level, income group, and frequency of dental visits) were assessed using the Chi-square test. A p-value of <0.05 was considered statistically significant. All statistical analyses were performed using IBM SPSS Statistics (version XX, IBM Corp., Armonk, NY, USA).

RESULTS

Sociodemographic Characteristics
Most respondents were graduates and above (71.6%), followed by those with secondary education (25.9%), while only 2% had no formal education and 1.5% had primary education. Regarding family income, the majority reported earnings above ₹50,000 per month (62.2%), followed by ₹30,000–50,000 (17.9%), below ₹10,000 (11.9%), and ₹10,000–30,000 (8%)

Table: 1

Variable	Percentage (%)
Education	
Graduate & above	71.6
Secondary	25.9
Primary	1.5
No formal	2
Monthly Income (₹)	
>50,000	62.2
30,000–50,000	17.9
10,000–30,000	11.9
<10,000	8

Dental visit related Characteristics
The most common reason for the last dental visit was tooth pain (44.8%), followed by general check-up (14.4%), other reasons (13.9%), cleaning (13.4%), cavity filling (10.9%), and extraction (2.5%)(chart:1)

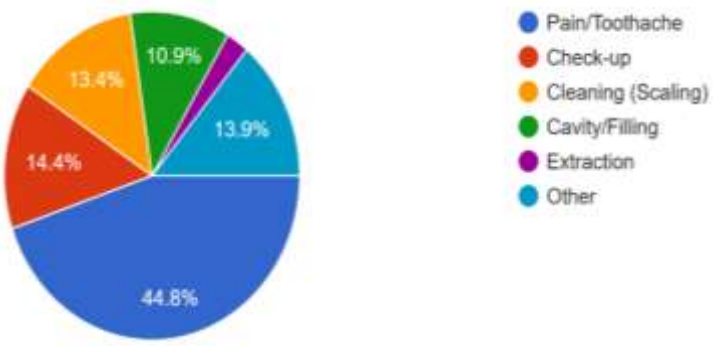

Chart: 1

When asked about visit frequency, 42.8% visited only when in pain, 22.4% every six months, 15.9% rarely, 13.1% once a year, while 5.5% reported never visiting.

Barries to dental care

The most frequently reported barriers were time constraints (55.7%), high cost of treatment (44.8%), and dental fear/anxiety (35.8%). Other reasons included no perceived dental problem (15.4%), long distance (10%), previous bad experiences (8%), low priority for oral health (7.5%), and lack of trust (2%). Only 0.5% cited social beliefs(chart:2)

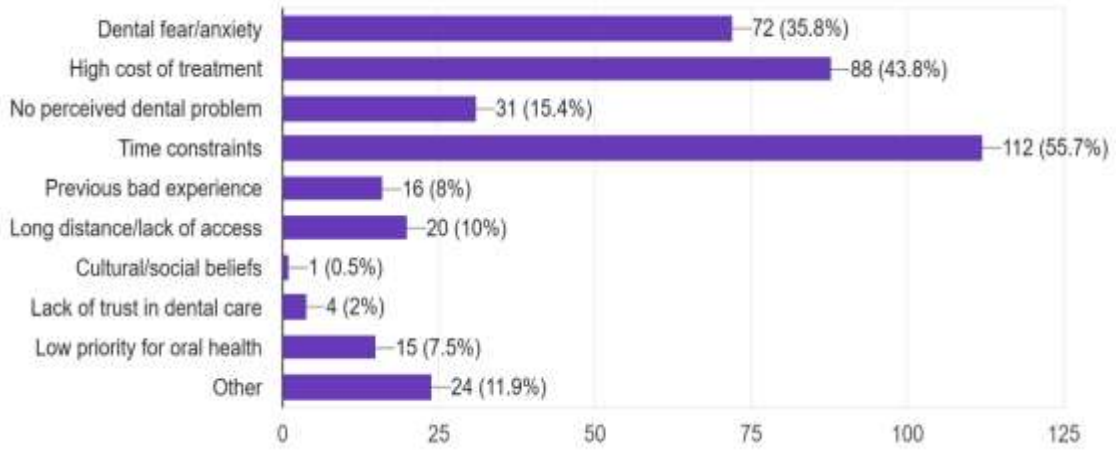

Chart: 2

Fear and past experiences

Almost half of the participants (47.8%) reported no fear of visiting the dentist, while 32.8% were mildly afraid, 16.4% moderately, 2% highly, and 1% extremely.(chart:3)

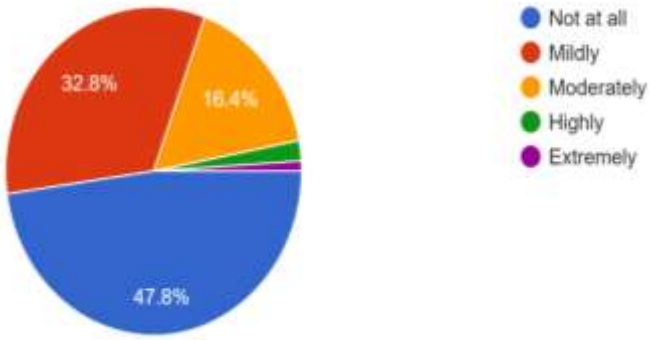

Chart: 3

A majority (63.2%) had never undergone a painful dental treatment, while 36.8% had gone painful treatment.

Regarding previous dental visits, 51.2% rated their experience as neutral, 30.3% good, 10.4% very good, while 6.5% reported bad and 1.5% very bad.(chart:4)

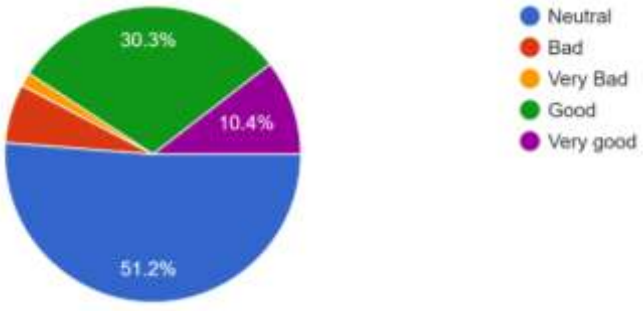

Chart: 4

Among those with bad experiences, the main issues reported were high charges (40.8%), long waiting time (40.3%), painful treatment (31.8%), and other unspecified reasons (35.3%) (chart:5)

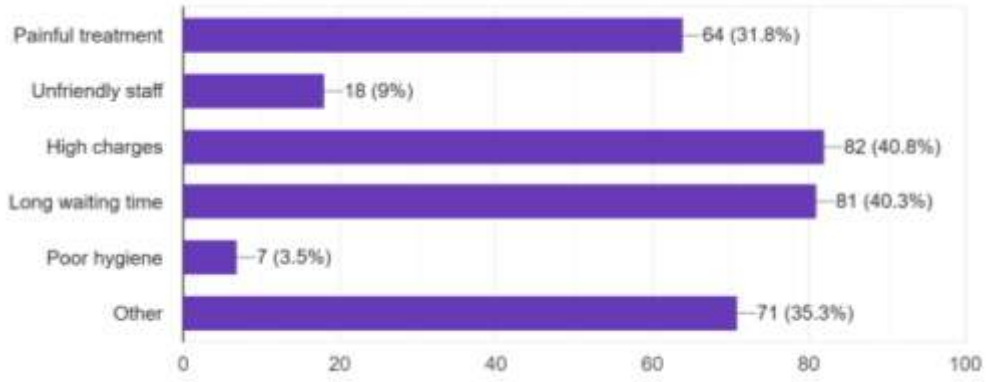

Chart:5

Oral Hygiene Practices and Awareness

Most participants reported brushing once daily (62.2%), while 34.3% brushed twice daily, 3% more than twice, and 0.5% irregularly.(chart:6)

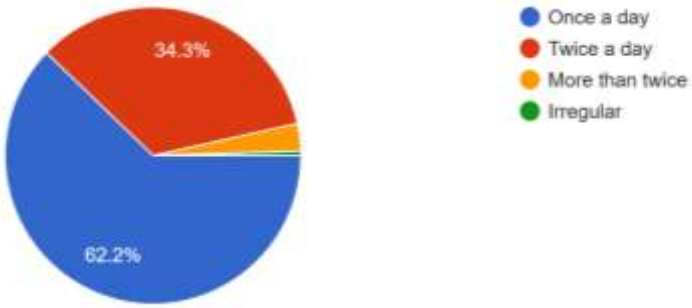

Chart: 6

About 51.2% had received oral health education through school, television, or clinics.

In terms of dental aids, 34.3% used mouthwash, 9% used dental floss, while 63.7% used none.(chart:7)

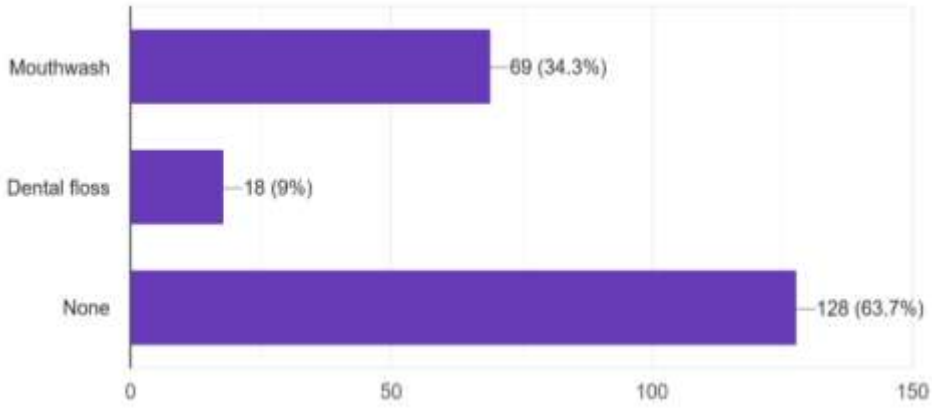

Chart: 7

Future willingness and attitudes

The majority (91.5%) stated they would be likely to return for regular visits after a positive experience. When asked how they would feel about visiting the dentist tomorrow, 70.1% stated they would look forward to it, while 12.4% would be a little uneasy, 11.4% indifferent, 3.5% afraid of unpleasant or painful procedures, and 2.5% very frightened(chart:8)

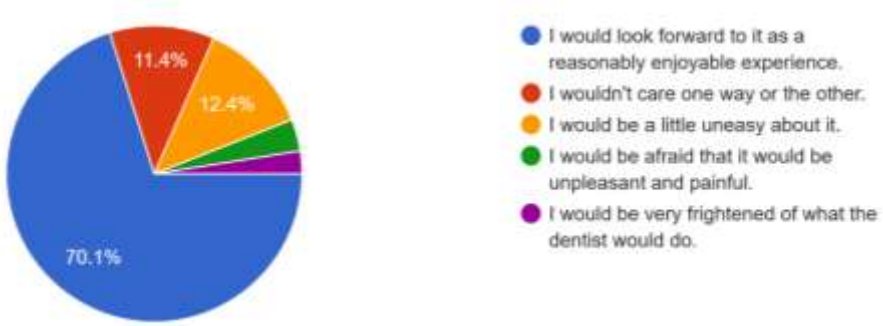

Chart:8

Table 2: Table depicting responses of questionnaire

Questions	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8	Option 9	Option 10	Total
1.Reason for your last dental visit?	Pain/Toothache (44.8%) 90	Checkup (14.4%) 29	Cleaning (13.4%) 27	Cavity/filling (10.9%) 22	Extraction (2.5%) 5	Other (13.9%) 28					**n=201**
2. How frequently do you usually visit the dentist?	Evey 6 month (22.4%) 45	Once in year (13.4%) 27	Only when pain (42.8%) 86	Rarely (15.9%) 32	Never (5.5%) 11						**n=201**
3. If you avoid or delay visiting the dentist, what are the reasons?	Dental fear/anxiety (35.8%) 72	High cost of treatment (43.8%) 88	No perceived dental problem(55.7%) 112	Time constraints (55.7%) 112	Previous bad experience (8%) 16	Long distance (10%) 20	Social belief (0.5%) 1	Lack of trust in dental health care (2%) 4	Low priority for oral health (7%) 15	Other (11.9%) 24	**n=201**
4.Are you afraid of visiting the dentist?	Not at all (47.8%) 96	Mildly (32.8%) 66	Moderately (16.4%) 33	Highly (2%) 4	Extremely (1%) 2						**n=201**
5.Have you ever had a painful dental treatment in the past??	Yes (36.8%) 74	No (63.2%) 127									**n=201**
6.How often do you brush your teeth?	Once a day (62.2%) 125	Twice a day (34.3%) 69	More than twice (3%) 6	Irregularly (0.5%) 1							**n=201**
7. Have you received any oral health education (school/TV/clinic)?	Yes (51.2%) 103	No (48.8%) 98									**n=201**
8. Do you use any of the following?	Mouthwash (34.3%) 69	Dental floss (9%) 18	None (63.7%) 128								**n=201**

9. Do you believe regular check-ups are necessary even without symptoms?	Yes (68.2%) 137	no (31.8%) 64									**n=201**
10. Mark your previous dental visit experience	Neutral (51.2%) 103	Bad (6.5%) 13	Very bad (1.5%) 3	Good (30.3%) 61	Very good (10.4%) 21						**n=201**
11.If the past experience was bad, what was the issue?	Painful treatment (31.8%) 64	Unfriendly staff (9%) 18	High charges (40.8%) 82	Long waiting time (40.3%) 81	Poor hygiene (3.5%) 7	Other (35.3%) 71					**N=201**
12. Are you likely to return for regular visits after a positive experience?	Yes (91.5%) 184	No (8.5%) 17									**N=201**
13.If you had to go to the dentist tomorrow for a checkup, how would you feel about it?	I would look forward to it as a reasonably enjoyable experience (70.1%) 141	I wouldn't care one way or the other (11,4%) 23	I would be a little uneasy about it. (12.4%) 25	I would be afraid that it would be unpleasant and painful (3.5%) 7	I would be very frightened of what the dentist would do. (2.5%) 5						**N=201**

DISCUSSION

Our survey revealed significant insights into dental visit patterns and avoidance behaviors among 201 participants.

The majorityof participants reported visiting the dentist due to pain (44.8%), with fewer attending for check-ups (14.4%) or cleaning (13.4%). This indicates that dental care is largely problem-oriented, consistent with earlier Indian studies showing that pain is the primary motivator for dental visits, while preventive check-ups remain underutilized[1–3].

Regarding frequency, 42.8% visited the dentist only when in pain, while only 22.4% attended every six months. This aligns with findings from previous research highlighting irregular and symptom-driven dental attendance across Indian populations[2,4].

The main barriers to dental care identified were time constraints (55.7%), high treatment cost (44.8%), dental fear (35.8%), and lack of perceived need (15.4%). These barriers mirror findings from both national and international studies, where time, cost, and fear are among the strongest deterrents to routine dental attendance[5–7].

Fear and anxiety remain important behavioral barriers: although 47.8% reported “not at all afraid,” 35.8% still admitted avoidance due to anxiety. Previous studies also link dental anxiety with avoidance and negative prior experiences[7,8]. Importantly, in this study, positive past experiences were strongly associated with intention to return (91.5%), reinforcing the role of patient satisfaction in promoting preventive behavior.

Oral hygiene practices in the study group showed that most participants brushed once daily (62.2%), while only 9% used floss. Similar low use of adjunct oral hygiene aids has been reported in India, reflecting limited awareness and practice[9]. Around half (51.2%) had received oral health education, underlining the importance of structured awareness programs to improve preventive practices.

Although 68.2% of respondents believed regular check-ups are necessary even without symptoms, preventive visits remained low. This “awareness–action gap” has been widely documented in Indian oral health literature, highlighting the need for systemic and educational interventions[2,4,6].

Furthermore, global evidence indicates that regular dental visits improve oral function and may contribute to early detection of systemic conditions such as head and neck cancer and cardiovascular disease[10–12]. Thus, reinforcing preventive dental care could have broader health benefits.

CONCLUSION

1. Most participants were problem-oriented dental visitors, with preventive care significantly underutilized.
2. Barriers to routine visits included time constraints, treatment costs, dental fear, and lack of perceived need.
3. Positive dental experiences and oral health education emerged as important facilitators for improving dental attendance.
4. Despite good awareness regarding the importance of regular check-ups, preventive utilization remained poor, indicating an awareness–action gap.
5. Public health efforts should focus on:
Improving affordability and accessibility of dental care,
Strengthening oral health education programs,
Enhancing the quality of patient experience,
Reducing dental fear through behavioral and educational interventions.

Addressing these factors can help shift the population from reactive, problem-driven dental visits to a preventive oral health model, thereby improving overall oral and systemic health outcomes.

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7. Author Contributions:
Shreyashkshirsagar was in-charge for the overall conception and design of the studyThey created the questionnaire, performed the literature analysis, and collected data. They also performed the data analysis and interpretation, and led the writing of the manuscript, including the discussion and conclusion sections.

Dr. Apurva Kale who provided academic guidance throughout the research process. They contributed to refining the study design, supported ethical approvals, and provided critical feedback on the analysis and final draft of the paper.

8.Disclosure
The author declares **no conflicts of interest** related to the content, authorship, or publication of this research.

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