



ORIGINAL ARTICLE

Knowledge, perceptions, and attitudes of dental students towards obesity



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Received 13 October 2014; revised 23 November 2014; accepted 26 January 2015

Available online 2 May 2015

KEYWORDS

Obesity;
Dental students;
Knowledge;
Questionnaire study

Abstract *Aims:* Obesity is a chronic medical condition associated with various oral health problems. The aim of this study was to assess the knowledge, perceptions, and attitudes of dental students towards obesity.

Material and methods: Second-, third-, and fourth-year dental students completed a self-administered questionnaire. An ethics committee approved the study. Participants were asked questions focused on three areas: (i) knowledge, (ii) perceptions, and (iii) attitudes about obesity. Data analyses were carried out using SPSS version 20.

Results: Among the dental students, 78.9% received 0–1 h of formal education about obesity. The mean score of the total time allocated for obesity-related education was 1.31 ± 0.23 h. Eighty-nine percent of the dental students agreed that obesity is a chronic medical condition, 30% agreed that they would modify their equipment and office furniture to accommodate obese patients, and 46.8% were interested in learning more about obesity in dental school.

Conclusion: Obesity-related education should be implemented as a formal component of dental student training. Oral health practitioners should also provide their patients with information about how weight loss is beneficial to both general and oral health.

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1. Introduction

Obesity is a global health problem that is spreading at an alarming rate across the world, particularly in the Asia-Pacific Region. The worldwide prevalence of obesity is 27.8% (WHO, 2008). According to the Global Burden of Disease Study, Pakistan is ranked as the ninth most obese population in the world (Ng et al., 2014). Since obesity has a high prevalence worldwide, it is considered and prioritized as a major issue with regard to the economics of developed nations (Cecchini et al., 2010).

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Peer review under responsibility of King Saud University.



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Obesity is a disease with multiple aetiological factors, with genetics and specific obesity-related genes playing key roles (Stunkard et al., 1986). However, there are also some environmental links to obesity (von Deneen et al., 2011). Due to the recent trends associated with urbanization, including increased refined food product consumption, unhealthy dietary habits, and a lack of physical activity, obesity is spreading fast (Lamb et al., 2010). Obesity has been identified as a risk factor for various systemic diseases, including hypertension, cardiovascular disease, metabolic diseases, osteoarthritis, respiratory difficulties, and some oral diseases, such as periodontal disease (Eckel et al., 2005; Haslam and James, 2005; Stumvoll et al., 2005; Wilson et al., 2002). In addition, obesity is associated with an increasing burden of oral diseases and adverse effects on oral health-related quality of life (Ritchie and Connell, 2007; Saito et al., 2005, 2001). As a result, medical and dental professionals are facing challenges associated with identifying patients with obesity and prioritizing their general and oral health care needs (Basdevant and Ziegler, 2002).

Health care professionals are responsible for preventing and identifying weight issues and for providing advice to the patients (Basdevant and Ziegler, 2002; Jackson et al., 2013). Studies focused on patient beliefs have reported that health professionals are the primary group capable of helping patients identify obesity and its associated health risks (Bocquier et al., 2012). However, physicians were found to be hesitant to carry out obesity prevention and management counselling to their patients (Kristeller and Hoerr, 1997). The reasons for this are unknown, but may be due to a lack of knowledge and negative attitudes of health care professionals towards obesity management (Foster et al., 2012; Harvey and Hill, 2001a,b; Hebl et al., 2003).

As obesity is one of the major predisposing factors for oral diseases, there is a need to counsel patients visiting dental hospitals and clinics in order to identify the underlying causes of obesity and carry out obesity management and prevention procedures. There is a lack of data about the understanding of dental professionals with regard to obesity management (Ritchie and Connell, 2007). Studies have reported that more than one-third of dental students and dental hygiene students had one hour or less of obesity education as part of their dental school curriculum (Magliocca et al., 2005). These findings suggest that there is an urgent need for additional training about obesity-related health risks as part of the dental school curriculum. Therefore, the purpose of this study was to understand and identify the underlying reasons for why dental professionals are often neglectful, reluctant, and hesitant when treating obese patients, and to determine the current state of knowledge, perceptions, and attitudes of dental students with regard to obesity and its management.

2. Material and methods

2.1. Study population and design

This was an anonymous, cross-sectional study conducted among second-, third-, and fourth-year dental students of the Faculty of Dentistry, Riphah International University, Islamabad, Pakistan, over a three-month period from January through March 2014. Students were given the self-administered questionnaire along with detailed instructions for completing the questionnaire individually. The questionnaires

were distributed to the students during breaks from lectures or work. The students were required to complete the questionnaires on site and to return them immediately to the research team. Approval of the study was obtained from institutional research and ethics committees. Social demographic factors of age (mean \pm SD), sex, year of education, and geographic locations were assessed.

2.2. Instrument and data collection

Our study used a modified version of the self-administered questionnaire developed by Foster et al. (2003) to assess the knowledge, perceptions, and attitudes of dental students towards obesity. The questionnaire was peer-reviewed, piloted, and determined to be comprehensive. The questionnaire consisted of 16 items, with three sections: (i) knowledge, (ii) perceptions, and (iii) attitudes. Participant responses were based on the Likert scale, which included five responses ranging from strongly agree to strongly disagree. All participants completed the questionnaire during a single meeting using indelible pencil. Knowledge-based questions were focused on the total number of credit hours allocated to obesity education in dental school and the ability of the participant to define, diagnose, and understand obesity as a health problem. Perception-based questions were focused on the ability of participants to describe their motivation towards making accommodations for obese individuals in the dental setting and towards assessing patient dietary habits. Attitude-based questions were focused primarily on the behaviour and feelings of the dental students towards obese patients.

Negative responses graded under strongly disagree and disagree were categorized as disagree, whereas positive responses graded under strongly agree and agree were categorized as agree. The neutral response was input with the mean value of response for each question.

2.3. Data analysis

Data were analysed using Statistical Package for the Social Sciences (Released 2009. PASW Statistics for Windows, Version 18.0. Chicago: SPSS Inc.). The frequency distribution was used to analyse each participant's characteristics and the number of hours allocated for obesity-related education among dental students. Participant responses were assessed based on the frequency and percentage of participants who agreed or disagreed with the questions.

3. Results

A total of 218 dental students participated in this study. The response rate of participants was 99.09%. Among the participants, 63.3% were female and 36.7% were male, with a mean age of 24.0 ± 1.3 years. Table 1 shows the distribution of demographic characteristics of the participants. Seventy-nine percent of the participants reported having 0–1 h of obesity-related education as part of their dental curriculum. However, the mean score of the total time allocated for obesity-related education was 1.3 ± 0.2 h. Fig. 1 summarizes the total number of hours allocated for obesity-related education, as perceived by the dental students. The responses of participants to knowledge-, attitude-, and perception-based questions are shown in Table 2.

When participants were asked whether they had attended any prior courses that helped increase their professional acumen in relation to obesity, 70.6% participants responded positively. While the majority

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