

Development of professional attitude towards dental treatment towards transgender

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Running Title: Willingness to treat transgender among first year dental students.

ABSTRACT:

Background: Transgender individuals range widely in developmental stages, appearance mannerism. Transgender persons are represented under the broad classification of lesbian, gay, bisexual, transgender in India. Dental therapeutic procedures frequently involve blood and saliva that may contain different types of blood-borne pathogens and microorganisms. Aim of the study is to know about the willingness of transgender patients among first year dental students in a private dental institution.

Materials and Methods: A cross sectional study was conducted among first year dental graduates. Demographics, willingness and regard to treat TG patients were assessed using MCRS (Medical condition regard scale). Structured questionnaire was prepared and circulated among first year dental students through google forms. A list of 13 questions that can possibly influence students' decisions was presented to students of dental institutions. Data were statistically analysed using T tests and statistical significance was set at 5%. The statistical software used was SPSS version 23 (IBM).

Result: There is no significant difference between the age category of less than 18 and more than 18 years to treat transgender patients among first year dental students ($P>0.05$). There is no significant difference between males and females to treat transgender among first year dental students ($P>0.05$). On further discussion it can be elucidated that proper education is required to change the negative attitude towards such patients.

Conclusion: From our present study we can conclude that most of the first year dental students are ready to treat transgender patients. Their willingness to treat patients is increased with improvement of their knowledge about the disease.

KEYWORDS: Transgender, dental treatment, dental students, Innovative analysis.

INTRODUCTION:

Oral health professional prepared to meet needs of transgender and gender non-conforming patients. Transgender individuals range widely in developmental stages, appearance mannerism(1). Transgender persons are represented under the broad classification of lesbian, gay, bisexual, transgender in India. Exclusion from source of employment. The discrimination and progression of stigma, towards these transgender groups could be attributed to negative attitude exhibited by health care providers(2). Dental professionals are reported to refuse care more likely than physicians considering their sexual orientation. Oral health care in India is dependent upon the private sector. A national policy of oral health is to improve the oral health population, which is still missing. Oral health status of transgender is practically non-existent(3). Special care dentistry is a part of the dental curriculum. Dentists work to influence the choices we make in other spheres. Dental therapeutic procedures frequently involve blood and saliva that may contain different types of blood-borne pathogens and microorganisms, such as HIV. Most lesions of HIV infection present orally during first stages of the disease HIV, which is helpful in early detection. So, dentists fall into the high risk category for cross contamination(4). This is generally accepted by dentists and health care workers, so that they can provide quality treatment and care to all individuals.

Dentists have ethical and professional responsibility to provide quality treatment and treatment to patients with HIV and Acquired immunodeficiency syndrome (AIDS), especially oral lesions such as candidiasis, hairy leukoplakia, Kaposi's sarcoma are commonly found in HIV infected patients(5). Willingness to treat the transgender patients with HIV / AIDS appears to be related to knowledge of the disease, oral manifestation and understanding of modes of transmission. HIV treatment prior to dental treatment and knowledge about the patient's infection state. OraQuick is one of the latest types of testing, which detects antibodies to HIV-1 and HIV-2 in oral fluid and this is non-invasive and useful in this regard (6). The improve of patients centered care in health care systems and the need for dental professionals to manage the care of transgender patients. It can help in further evaluate the oral health status of transgender patients. Know about the desire for dental and facial procedures among transgender patients. It shows the educate dental professionals in providing specialised services to transgender patients. As dental specialists, progressively aim for compassionate care to talk, patients including transgender identification. Indian dental educational system is predicated on a parochial traditional model since its inception and lacks an update. Insufficient

exposure and inherent lacunae in special care education concerning these competencies are often ascribed toward these stigmatizing attitudes.

Special care dentistry intrinsically isn't a neighborhood of the present undergraduate dental curriculum or dental curriculum generally in India, and hence the exposure of scholars to manage patients (eg, TG) requires additional knowledge and training regarding their handling is restricted. Research on the varied factors aside from competency and knowledge liable for the stigma and discrimination among dentists toward high risk TG in India intrinsically is scarce. A comprehensive evaluation of the oral mucosal membranes, periodontal and dental conditions, and salivary flow, alongside an in-depth clinical history, is imperative for patients, especially those using hormone replacement therapy to take care of oral hygiene, brushing, interdental care, mouth rinsing, and fluoride use are critical to enhance overall periodontal health and stop caries. Oral health professionals should have the language and knowledge to support patients as they navigate the healthcare system. An interprofessional collaborative approach could also be required to supply a holistic look after this patient population. Our team has extensive knowledge and research experience that has translate into high quality publications(7–11)(12–16)(17–21)(22–26)

Aim of the study to know about the willingness of dental students to treat transgender patients.szzzsssss

MATERIALS AND METHODS:

STUDY DESIGN: This cross sectional study is a part of the survey about the willingness to treat transgender among first year students.

SURVEY INSTRUMENT: A validated questionnaire was used to measure the willingness to treat transgender among first year students.

SAMPLE SIZE: The data collection was done through a questionnaire survey. Through the survey 96 responses were collected. The data collection was asked through google forms. A self administered structured questionnaire consisting of 11 questions was done. The questionnaire consisted of information on willingness to treat transgender among first year dental students. Data collected was subjected to statistical analysis using t tests and statistical significance was set at 5% was applied to compare the data collected between the dental students.

DATA COLLECTION: Demographic questions involved age and gender of the student. The Medical condition regard scale (MCRS) had 13 items and they were as follows; Patients like this irritate me, I enjoy giving extra time to patients like this, Patients like his particularly difficult to work with, Working with patients is satisfying, I feel especially compassionate towards patients like this, I won't mind getting up phone call late night to care for patients like this, I can usually find something that helps patients like this feel better, There is little i can do to help patients like this feel better, Insurance plans should cover patients like this, Treating patients like this is waste of medical dollars, I prefer not to work with patients like this. For each question in the MCRS scale the options ranged from 1 to 7 where 1 represents strongly agreed, and 7 represents strongly disagreed. The lowest score of the scale was 11 and the highest score was 77.

INCLUSION AND EXCLUSION CRITERIA: All those who were willing to participate were included in the study. Incomplete submissions were excluded from the study.

STATISTICAL ANALYSIS: The responses from the google sheet were transferred into excel and were then exported to SPSS software, version 23(IBM). The data collected was done by t tests between the dental students and level of significance was set at 5%.

ETHICAL ASPECT: This study included those who agreed to the terms and informed consent. Ethical approval was granted for the study by an institutional research ethical committee.

RESULT:

A cross sectional questionnaire was conducted among first year dental students in a private dental institution in chennai city. Google forms were created and circulated with the above mentioned questionnaire to a convenience

sample of 96 among first year dental graduates. About 96 responses were collected and recorded for analysis. The mean age of the sample in our study was 18 ± 1.4 years and the sample included 28.5% males and 72.5% were females. The mean MCRS score for the entire sample was 38 ± 6.3 .

Table 1 represents the mean difference in MCRS score among males and females in the sample. The mean and standard deviation for males is 51.06 and 8.11 respectively whereas mean and standard deviation for females is 47.1 and 8.4 respectively and p value is 0.283 which is not significant.

	Gender	N	Mean	Std. Deviation	P value
MCRS	Male	45	51.0667	8.11116	0.283
	female	48	47.1667	8.40044	

Table 2 represents the mean difference in MCRS score among less than 18 years and more than 18 years in the sample. The mean and standard deviation for males is 48.7 and 9.06 respectively whereas mean and standard deviation for females is 49.5 and 7.58 respectively and p value is 0.34 which is not significant.

	age	N	Mean	Std. Deviation	P value
MCRS	Less than 18	55	48.7455	9.05174	0.340
	More than 18	38	49.5000	7.58288	

DISCUSSION:

The current study was conducted with objective of assessing the self perceived barriers to oral care among Transgender and willingness of dental students to treat the transgender patients, MCRS has been used in a few reported studies and rarely on dental students. This scale was designed for medical students and has not been modified to fit the dental scenario(27). Similarly, the previous personal outlook and exposure of the residents to such experience was not considered in this study. This study was based on the basic premise that dental visits are imperative to achieve optimum dental health. The care of people with transgender status is challenging due to its multi disciplinary nature, is medical complexity, the need for infection control procedures, and the association stigma and discrimination. Knowledge regarding possible modes of spread of infection in dental settings among students are fairly good. There is is generally accepted that attitudes are affected by the level of knowledge, we recommended that continuing dental education (CDF) programs on transgender patients exclusively involved in private practises.

A high prevalence of discrimination and/or maltreatment among individuals who identify as transgender was seen during this study also as within the national discrimination survey among individuals who identify as transgender.

Maltreatment/discrimination may cause distrust of dental personnel. Some might imagine of discrimination or maltreatment by health professionals as being overtly insulting or derogatory in their speech toward individuals who identify as transgender. However, it is often even damaging to the provider-patient relationship when the dentist and/or staff engage in unintentionally disparaging behaviors like using incorrect pronouns or pertaining to the patient(6). We see this study as a primary step in bringing the precise issues faced by this population to dental providers' awareness, so once they do treat individuals who identify as transgender, they're conscious of patients' concerns and are ready to address them appropriately.

Previous research reported an overall negative attitude towards dental visits among transgenders. Zhu et al. had reported that the major driving factor for dental visits are tooth ache and acute conditions The economic constraints is one of the additional barriers to visiting dental clinics among such populations. Self-perceived oral health is also named as one of the factors affecting dental care utilization. In our study, we found an overall trend toward poor self-perceived oral health among the respondents.

CONCLUSION:

Willingness of dental students to treat transgender patients are more in data that we have collected from 98 responses. Transgender patients are unique but diverse health needs that are best addressed by holistic and inter professional approaches. Dental hygienist should be aware of the barriers to care unique to transgender patients and gain insight into the skills necessary to communicate with them and provide patient care. The findings of the present study suggest that dentists in private practice. It was concluded that despite good knowledge many of the dentists expressed some hesitation in treating patients with HIV / AIDS of transgender patients.

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