FACTORS RELATED TO UNMET DENTAL HEALTH CARE NEEDS IN THE REPUBLIC OF SERBIA IN 2019: A CROSS-SECTIONAL ANALYSIS

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Background: Ensuring timely and equal access to quality dental health care is an important public health issue. This study provides insight into significant individual factors associated with unmet dental health needs in Serbia in 2019.

Method: The study is a secondary analysis of data from Survey of income and living conditions 2019, conducted as a cross-sectional study on a sample of 13,733 respondents aged 16+ (source: Statistical Office of the Republic of Serbia). The outcome variable is self-reported unmet need for dentist's service during last 12 months. Multivariate logistic regression is used to identify factors significantly related to unmet needs. Demographic, socioeconomic factors and health status, which have been found to be significant for outcome in univariate logistic regression, have been entered in final analysis.

Results: Sex, age, educational level, marital, employment status, income and health status were shown to be significant factors for unmet needs. Compared to men, women were less likely to report unmet need, OR=0.7(CI=0.7-0.8). Compared to 16-24 age group, aged 45-64 had higher odds for unmet need, OR=1.7(CI=1.3-2.4), as well as 65+ age group, OR=1.5(CI=1.0-2.2). Those with master's/ PhD degrees, OR=0.2(CI=0.1-0.5), postsecondary, OR=0.4(CI=0.3-0.5), and secondary educational level, OR=0.6(CI=0.5-0.7), were less likely to report unmet need than the least educated group. Separated/divorced had higher odds for unmet needs than married ones, OR=1.4(CI=1.1-1.7); as well as unemployed than employed, OR=1.2(CI=1.0-1.4). Fewer odds were proven for pupils/ students, OR=0.2(CI=0.1-0.4), and retirees, OR=0.6(CI=0.5-0.8). Those from 5th quintile, based on equalized disposable household income, were less likely to report unmet need compared to the 1st quintile, OR=0.4(CI=0.3-0.5). A gradient across all quintiles was proven (for 4th quintile OR=0.5(CI=0.4-0.6), for 3rd OR=0.6(CI=0.5-0.7), for 2nd OR=0.7(CI=0.6-0.9)). Compared to participants with very good/good health, those who perceive own health as very poor/poor had 2.2 times higher odds (CI=1.8-2.6) to report unmet need; for those with average health OR was 1.9 (CI=1.6-2.2). Suffering from chronic illness increases odds 1.5 times (CI=1.3-1.7).

C**onclusion:** The highest probability for unmet dental needs was established across most vulnerable groups. It is necessary to address these inequalities in future strategic and operational documents focused on oral health of population.

Keywords: health inequalities, dental care, unmet need