

The dental technologists are actively involved in the fabrication of oral prosthetics. These prosthetics replace missing and lost teeth and jaws with consequent improvement in nutrition and overall quality-of-life. In this study, 78.8% of the respondents expressed willingness to care for HIV-infected patients. This is lower than 93.0% reported in a national survey among Nigerian dentists^[15] and 88.6% reported among Nigerian dental nursing students^[12] signifying that non clinic-exposed dental professional students may be less likely to express willingness to treat HIV-infected patients. However, this is higher than the willingness reported among dental students (58.8-63.3%),^[16,17] dentists (63.6-78.4)^[13,18] and dental auxiliaries (74.7%)^[19] in Nigeria and the high level of willingness to care for HIV-infected patients in this may be attributable to the high sympathetic and empathetic feelings expressed toward HIV-infected individuals among the respondents. The willingness to care for HIV-infected patients was not significantly different among the respondents in lower class and higher class (78.9% vs. 78.4%). The high expressed needs for training on the clinical HIV care in this study signifies that well-tailored training will be the ultimate strategy for increased willingness in the future if implemented. This reaffirmed the quest for more information on HIV-related issues among dental auxiliaries as previously reported in Nigeria by Azodo *et al.*^[19] Similarly, the need for further education on HIV related issues like basic HIV/AIDS related issues and patient management has been reported among dental students in private and public university in Sudan.^[20] Training using HIV/AIDS information, role modeling, diffusion of training and discussions of discrimination and human rights in Nigeria has been shown to increase the willingness to treat and teach colleagues about people with HIV among health workers.^[21] This lends support to the fact that training on HIV will help in increasing the willingness of this group of dental professionals to care for HIV-infected patients. However, the finding of this study contrasted with this fact, as non-statistically significant association was found between expressed willingness to care and expressed training need on care for HIV-infected patients. This may be explained by the non-significant variation in the positive feelings toward HIV-infected patients among respondents in lower class and higher class (empathy 36 [24.5%] vs. 13 [25.5%]), (sympathetic 86 [58.5%] vs. 32 [62.7%]).

The non-significant differences in the willingness to care, training need on the clinical HIV care and willingness to disseminate HIV-related information among respondents in lower class and higher class may be explained by the non-significant different in overall knowledge about HIV transmission and prevention among the two groups. It appears therefore that the ascent dental technology education does not positively affect HIV transmission and prevention knowledge and willingness to care HIV-infected individuals. There is a need to further educate dental technology students to increase their knowledge, facilitate accurate dissemination of HIV-related information and improve the willingness to care for HIV-infected patients. The findings of this study are

limited by the self-reporting nature and mode of selection of the respondents. However, the design and pretesting of the questionnaire was deemed to reduce social desirability of the responses thereby making a quality baseline data on knowledge and misconceptions about HIV infection and willingness to care for HIV-infected patients among Nigerian dental technology students.

Conclusion

The knowledge about the mode of HIV transmission and prevention among the respondents was high, but misconception still existed among the respondents. The expressed willingness to care for HIV-infected patients in this study was high and varied with previously reported values among dental professionals in Nigeria. However, there were no significant differences in knowledge about HIV infection and willingness to care for HIV-infected patients among respondents in lower class and those in upper class.

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