

A Comparative Study of Knowledge, Attitude, and Experience towards Dental Tourism between Indonesian and Korean People

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한국과 인도네시아의 치과 의료관광에 대한 지식, 태도, 경험의 비교

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Abstract Nowadays, dental tourism becomes phenomenon because of its cost-effectiveness, improvement of quality and technology, dental infrastructure, and attractive tourism. Korea as one of popular destination country had established dental system. On the other hand, Indonesia with high number of population is potential market for dental tourism. The aim of this study is to compare the knowledge, attitude, and experience towards dental tourism among Indonesian and Korean. Two cross-sectional descriptive surveys were conducted to collect the data. This study was used one questionnaire in two different languages due to nature of the study population. Data from a total 923 of Indonesian from 33 provinces in Indonesia was collected during the period from April through July 2010. On the other hand, during May until August 2010 data from a total of 312 Korean were obtained. It was found that the majority of participants in both countries had never heard about dental tourism. Among those who had heard about dental tourism, the most common source was internet. Ownership of dental insurance had significant relationship with knowledge of dental tourism among Indonesian while level of education and monthly internet usage had it among Korean ($p < 0.05$). Attitudes of Indonesian and Korean people about dental tourism were negative due to assumption that dental services in their home country were satisfactory. 100% of Korean had no experience on dental treatment in other countries while 2.4% of Indonesian had experience with it. In conclusion, regarding all these evidences, comprehensive and positive information about dental tourism is needed to enhance people's knowledge, attitude, and experience.

Key Words : dental tourism, attitude, experience, knowledge,

요 약 오늘날 치과의료관광은 자국에서의 비용-효과적인 측면과 치과진료의 질과 기술적인 측면 그리고 관광의 매력 때문에 보편적인 현상이 되어가고 있다. 우리나라는 인기 있는 의료관광지 중의 하나로 각광을 받고 있으며 인도네시아는 잠재적인 치과의료관광 시장으로서의 가치가 충분하다. 이에 본 연구에서는 한국과 인도네시아의 치과의료관광에 대한 지식, 태도, 그리고 경험을 비교하여 치과의료관광 발전의 기초자료를 제공하기 위해 시도되었다. 연구 도구는 각국의 언어로 된 구조화된 설문지를 사용하였으며, 인도네시아는 2010년 4월부터 7월까지 33개 도시에서 총 923부를 조사하였고, 한국은 2010년 5월부터 8월까지 총 312부를 조사하였다. 연구 결과, 많은 응답자들이 치과의료관광에 대해 들어 본 경험이 없었고, 들어 본 사람들은 주로 인터넷을 통해 알고 있었다. 인도네시아의 경우 치과보험은 치과의료관광에 대한 지식에 유의한 상관관계가 있는 것으로 나타났고, 양국 모두 치과의료관광에 대한 태도는 자국의 치료가 더 안전하다고 느끼기 때문에 부정적인 측면이 강했다. 한국인 응답자 중에는 치과의료관광 경험자가 없는 반면, 인도네시아는 2.4%가 경험하였다. 본 연구 결과를 바탕으로 대상자들의 치과의료관광에 대한 지식과 태도, 경험을 높이기 위해서는 긍정적이고 포괄적인 정보의 제공이 효율적으로 생각되었다.

주제어 : 치과의료관광, 경험, 지식, 태도

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1. Introduction

Well-state of oral and dental health represents a proper condition of whole body. Oral health problems may be connected to nutritional deficiencies or even systemic disease. For example, some systemic diseases such as diabetes mellitus, inflammatory bowel disease, and Sjogren's syndrome may first become noticed because of oral lesions [1][2]. Oral infections were also recognized as a problem for individual suffering from a range of chronic conditions including cancer and infection with human immunodeficiency virus, as well as patients with ventilator-associated pneumonia. On the other hand, oral or dental problems itself are very typical in nature. Some problems like dental caries or periodontal disease can be so much painful and related with other health problems such as cardiovascular diseases, rheumatoid arthritis, and osteoporosis [3]. Moreover, pregnant women with periodontitis may be at increased risk of premature birth, low birth weight infants [4].

As its importance, many people often do not concern to their oral and dental health as they do to other diseases. Hence, nowadays dental problems had becomes the most common health problems in the world. According to WHO, dental caries remains a major public health problem in most high income countries, 60-90% of schoolchildren and the vast majority of adults [5]. All those evidences point to the importance of oral health in the overall well-being of the society. Especially dental care in oral health requires more attention than it is obtaining.

Nevertheless, oral health concerns had not been at the top of the healthcare policy. Yet, a policy debate on oral health has occurred from time to time. In Healthy People 2010, decrease in dental caries is one of the primary objectives set for the nation under oral health [6]. In contrast, dental care is the most common unmet treatment needs in people. Financial barrier to treatment is one reason behind the low demand for

professional dental care [7]. The high cost of dental services represents a barrier in receiving regular dental care and maintaining proper oral health.

Moreover, inadequate health insurance coverage has affirmed that the greater burden of dental health impairment settles on socio-economically disadvantaged populations. Dental insurance itself is different with medical insurance, primarily because the most important aim of dental insurance is to improve dental health, whereas the primary aim of most other health insurance is to minimize the impact of the severe, unexpected expenditures [8]. Third-party payers of dental benefits conduct the conventional insurance cost-sharing mechanisms of deductibles and coinsurance. Cost-sharing mechanisms in dentistry somewhat control patient demand for dental services. Patients are responsible for the payment of a deductible, which is a fixed dollar amount, or coinsurance, which is an amount based on percentage of cost. As an outcome, patients are more conscious when seeking dental care [9].

Many countries have excluded large parts of dental care from national health service coverage [10]. For most adults, orthodontics, crown and bridges, removable prostodontics, and implant have to be paid for in total by the patient [11].

Due to cost-effectiveness consideration, greater financial burden, differences among the funding of public healthcare, and development of dental care will make patients looking for some alternative treatment options [10][12]. Nowadays, patients prefer to seek dental treatment in other countries, either in neighborhood or going abroad, to save the cost, receive quality care, and possibly make a vacation out of the experience [13]. This phenomenon is known as dental tourism. The relative low cost in east Europe and developing countries coupled with the expansion of no-frills budget airline routes, and the global recession has made a dental tourism a realistic possibility [14]. Common examples include Americans visiting dentist

in Mexico, Australians flying to Thailand, and resident of United Kingdom traveling to clinics in Hungary, Bulgaria, Poland, and Croatia [10].

Furthermore, Korea also becomes a popular destination for dental tourism especially among the tourists from the US, Japan, and China. Lower costing for dental treatments, modern technology, and top rated world class dentists are some of the things which tend people to choose Korea as their dental tourism destination [15]. On the other hand, Indonesia with over than 230 millions of population is a tremendous market for dental tourism. Most sophisticated dental facilities only available in major cities such as, Jakarta, Bandung, Surabaya, Medan, and Palembang. This fact will lead to an unbalance between need and demand of dental treatment. High cost and long waiting lists would drives patients look for another treatment options such as dental tourism.

In the present study, we investigated the knowledge, attitude, and experience between Indonesian and Korean people towards dental tourism. Moreover, this study also determined factors associated with knowledge, attitude, and experience of dental tourism and provided insight into those factors that may influence the interest of dental tourism between Indonesian and Korean people.

2. Method

2.1 Subjects

Two cross-sectional descriptive surveys were conducted to acquire data from Indonesian and Korean. Inclusion criteria for both population sampling were the fulfillment of all four among the following conditions: that the respondents 1) minimum age is 20 years old, 2) have been residing in origin country for more than one year, 3) have no profession as a dentist, and 4) not suffering from any physical or mental disease to prevent them receiving dentistry services. All subjects

had informed consent and took voluntary participation in the study. Considering limitation of distance, the structured Indonesian version questionnaires were distributed to five big islands in Indonesia using social network website, internet forum, and email addresses. Meanwhile, the structured Korean version questionnaires were distributed to four general hospitals in Daegu city (Yeungnam University Hospital, Good Morning Hospital, Bogang Hospital, and Bohun Hospital).

2.2 Data collection

Data from a total 923 of Indonesian from 33 provinces in Indonesia was collected during the period from April through July 2010. On the other hand, during May until August 2010 data from a total of 312 Korean were obtained.

2.3 Data analysis

After completion of data entry, age and education were recoded. Age was recorded in bands of ten years from the original continuous variable. The original educational which consisted of five categories were recorded into three different level; low (below and high school graduate), average (bachelor degree), and high (master and doctoral degree). Descriptive statistic was used to measure frequencies and overall pattern of the demographic characteristics. Chi-Square test and t-test was used to assure any relationship among knowledge, attitude, and experience towards dental tourism and socio-demographic variables. All statistical analysis was performed using SPSS (version 13.0). Statistical significance was denoted at the $p < 0.05$ level.

3. Result

3.1 Demographic variables related with knowledge towards dental tourism

A total of 1235 eligible participant from Indonesian

and Korean were included in data analysis. Of the 1235 people who were approached for interviewed during April through July 2010, 923 (74.7%) were Indonesian (71.8% females, 28.2% males) and 312(25.3%) were Korean (73.1% females, 26.9% males). Half of Indonesian participants (51.6%) were aged 20-29 years at the time of data collection. Among Korean participants, the majority (34%) was 30-39 years of age. In term of level of education, most of respondents from both countries 78.7% Indonesian and 67.9% Korean had average level of education. Most of Indonesian participants (34%) had an occupation as private employees while most of Korean participants

(38.8%) had no specification as mentioned in questionnaire. A total of 94.6% of Indonesian participants and 91.7% of Korean participants had no private dental insurance. Most of participants in two countries had a similarity in term of monthly internet usage; 41.1% of Indonesian and 72.1% of Korean among total were internet user about 2-33 hours a month.

To analyze the factors related with knowledge towards dental tourism and various demographic variables were examined using Chi-square test (Table 1). Among Indonesian, had heard or not dental tourism term were significantly related with ownership of

<Table 1> Demographic variables related with knowledge towards dental tourism

Variables	Indonesian N=923			p-value*	Korean N=312			p-value*
	Had Heard about Dental Tourism				Had Heard about Dental Tourism			
	Yes n=93	Unsure n=40	No n=790		Yes n=74	Unsure n=17	No n=221	
Gender								
Male	33(35.5)	6(15.0)	221(28.0)	0.327	23(31.1)	5(29.4)	56(25.3)	0.325
Female	60(64.5)	34(85.0)	569(72.0)		51(68.9)	12(70.6)	165(74.7)	
Age Group								
20-29	54(58.1)	21(52.5)	401(50.8)	0.642	20(27.0)	5(29.4)	66(29.9)	0.893
30-39	31(33.3)	13(32.5)	307(38.9)		27(36.5)	7(41.2)	72(32.6)	
40-49	6(6.5)	5(12.5)	57(7.2)		21(28.4)	4(23.5)	66(29.9)	
50-59	4(4.5)	1(2.5)	17(2.5)		4(5.4)	1(5.9)	14(6.3)	
60 and above	1(1.1)	0(0)	5(0.6)		2(2.7)	0(0)	3(1.4)	
Education Level								
Low	4(4.3)	3(7.5)	69(8.7)	0.321	8(10.9)	4(23.5)	38(17.2)	0.038*
Medium	75(80.6)	32(80.0)	619(78.4)		48(64.9)	9(52.9)	155(70.1)	
High	14(15.1)	5(12.5)	102(12.9)		18(24.3)	4(23.5)	28(12.7)	
Occupation								
Housewife	15(16.1)	7(17.5)	174(22.0)	0.460	1(1.4)	0(0)	14(6.3)	0.386
Student	12(12.9)	7(17.5)	52(6.6)		7(9.5)	1(5.9)	25(11.3)	
Private Employee	33(35.5)	11(27.5)	270(34.2)		28(37.8)	8(47.1)	82(37.1)	
Government Employee	14(15.1)	7(17.5)	158(20.0)		3(4.1)	0(0)	11(5.0)	
Business Owner	12(12.9)	7(17.5)	104(13.2)		2(2.7)	0(0)	9(4.1)	
Other	7(7.5)	1(2.5)	32(4.1)		33(44.6)	8(47.1)	80(36.2)	
Monthly Internet Usage								
2-33 Hours	39(41.9)	20(50.0)	320(40.5)	0.445	51(68.9)	8(47.1)	166(75.1)	0.050
34-68 Hours	32(34.4)	9(22.5)	234(29.6)		13(17.6)	4(23.5)	42(19.0)	
More than 68 hours	22(23.7)	11(27.5)	236(29.9)		10(13.5)	5(29.4)	13(5.9)	
Dental Insurance								
Yes	12(12.9)	5(5.0)	36(4.6)	0.001**	8(10.8)	2(11.8)	16(7.2)	0.308
No	81(87.1)	38(95.0)	754(95.4)		66(89.2)	15(88.2)	205(92.8)	

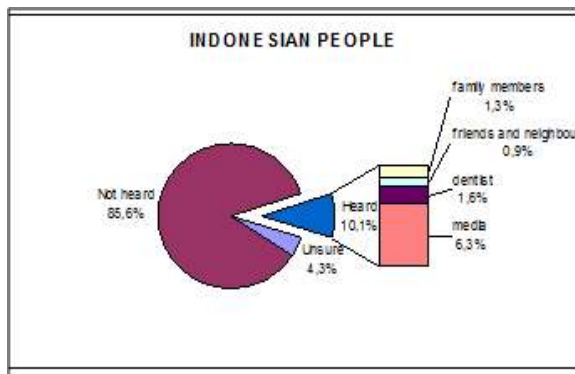
N means the number of subjects

*Statistical evaluation by Chi-square test

dental insurance ($p < 0.01$), the rest demographic variables were not significantly associated with knowledge of dental tourism. Among Korean, had heard or not dental tourism term were significantly associated with level of education ($p < 0.05$).

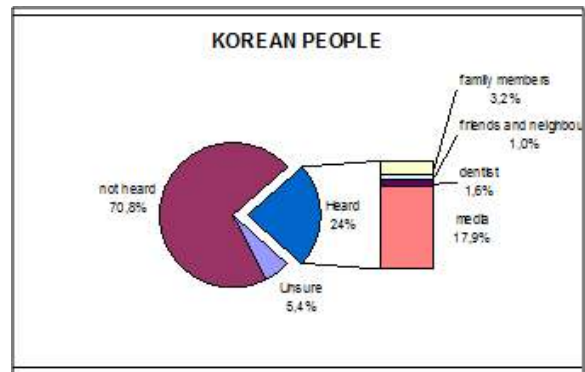
3.2 Knowledge about dental tourism and source of information

Source of information : Only 10.1% of Indonesian participants had heard about dental tourism. The rests were never heard about dental tourism (85.6%) and unsure whether they had heard about dental tourism or not (4.3%). The most common source of information about the term was media (62.4%), followed by dentist (16.1%), and family (12.9%). Internet was the most important source among those who obtained the information from media (67.2%).



[Fig. 1] Knowledge about dental tourism and source of information in Indonesian people

In general, 23.7% of Korean participants had heard about dental tourism, the rests were unsure whether they had heard about dental tourism or not (5.4%) and never heard about dental tourism (70.9%). About two-third (75.7%) of those who had heard about dental tourism received information from media. Of those, more than half (51.8%) were from television.



[Fig. 2] Knowledge about dental tourism and source of information in Korean people

Knowledge regarding dental tourism :

Participants were explored whether they know the driving factors of dental tourism, popular destinations, and common dental treatment in dental tourism nor not. Table 2 shows comparison data of knowledge regarding dental tourism between Indonesian and Korean. 44.5% of Indonesian compared to 60.6% of Korean recognized that high cost in dental treatment is one of driving factors on dental tourism. 36.6% of Indonesian participants and 45.8% of Korean participants did not know that long queue is also one of driving factors. Furthermore, most of Indonesian and Korean perceived that high quality in dental infrastructure is another driving factor on dental tourism (85.2% vs 66%). Compared to Korean, more than two third of Indonesian know that attractive tourism is also driving factor on dental tourism (77.4% vs 42%). Seventy two point seven % of Indonesian recognized that Singapore is popular destination for dental tourism. Nevertheless, 76.6% of Korean did not know that Singapore is popular destination for dental tourism. Korean participants compared to Indonesian participants were more understand if Hungary is another popular destination for dental tourism (6.3% vs 7.7%). Moreover, 13.8% of Indonesian knew that India is also popular destination for dental tourism while only 5.8% of Korean know that fact. Regarding common dental treatments on dental tourism, most of

<Table 2> Knowledge regarding dental tourism N means the number of subjects

Knowledge of Dental Tourism	Indonesian		Korean		p-value*
	N	%	N	%	
Driving Factors					
1. High cost of dental treatment					
Yes	411	44.5	189	60.6	0.066
Do not know	232	25.1	97	31.1	
No	280	30.3	26	8.3	
2. Long queue at some treatment					
Yes	338	36.6	126	40.4	0.006**
Do not know	249	27.0	143	45.8	
No	336	36.4	43	13.8	
3. Improvement of technology and dental infrastructure					
Yes	786	85.2	206	66.0	0.000***
Do not know	117	12.7	91	29.2	
No	20	2.2	15	4.8	
4. Attractive Tourism					
Yes	714	77.4	131	42.0	0.000***
Do not know	161	17.4	138	44.2	
No	48	5.2	43	13.8	
Popular Destinations					
1. Singapore					
Yes	619	72.7	60	19.2	0.000***
Do not know	217	25.5	239	76.6	
No	15	1.8	13	4.2	
2. Hungary					
Yes	58	6.3	24	7.7	0.000***
Do not know	660	71.5	279	89.4	
No	205	22.2	9	2.9	
3. India					
Yes	127	7.9	18	5.8	0.000***
Do not know	577	70.5	266	85.3	
No	219	21.6	28	9.0	
Common Dental Procedures					
1. Dental Bleaching					
Yes	635	68.8	115	36.9	0.000***
Do not know	224	24.3	157	50.3	
No	64	6.9	40	12.8	
2. Implant					
Yes	607	65.8	182	58.3	0.000***
Do not know	264	28.6	114	36.5	
No	52	5.6	16	5.1	
3. Orthodontic Treatment					
Yes	525	56.9	120	38.5	0.363
Do not know	272	29.7	151	48.4	
No	124	13.4	41	13.1	

*Statistical evaluation by means of Chi-square test

Indonesian and Korean recognized that dental implant is one of them (65.8% vs 58.3%).

3.3 Attitude towards dental tourism

Respondents were investigated whether they agreed to certain statements to assess their attitude towards

dental tourism. Table 3 shows the answer for each statement given. In fact, generally Korean people showed higher proportion who unsure as compared to Indonesian in most of the statement.

More than half (52.3%) of Indonesian disagreed if dental treatment in their origin country is not adequate.

In the same way, most of Korean (59.2%) disagreed if dental treatment in their origin country were not adequate. Of the 923 Indonesian, 38.1 % felt uncertain whether the quality of dental treatment in their origin country would be better than in other country. Similarly, the majority of Korean (56.1%) perceived unsure whether the quality of dental treatment in their origin country would be better than in other country. A higher percentage of Korean (55.4%) than Indonesian (39.8%) felt uncertain whether dental tourism can save much money or not. Korean compared to Indonesian had higher number of those who perceived unsure that they can acquire faster treatment without delay on

dental tourism. Additionally, Korean had bigger proportion of participants who uncertain that dental tourism can solve their dental problem easily than Indonesian (52.2% vs 40.4%).

3.4 Experience on dental tourism

Respondents were asked about their experience of seeking dental treatment in other country. 100% of Korean had no experience on dental treatment in other countries while 2.4% of Indonesian had experience with it. Both Indonesian and Korean who have never had a dental tourism experiences were interviewed about

<Table 3> Attitude towards dental tourism between Indonesian and Korean people

Attitude Statements	Indonesian		Korean		p-value*
	N	%	N	%	
1. Dental treatment in our country is not good enough					0.000***
Strongly agree	27	2.9	11	3.5	
Agree	137	14.8	47	15.1	
Unsure	225	24.4	69	22.1	
Disagree	483	52.3	95	30.4	
Strongly disagree	51	5.5	90	28.8	
2. Dental quality care in other country is better than my country					0.000***
Strongly agree					
Agree	55	6.0	5	1.6	
Unsure	242	26.2	36	11.5	
Disagree	352	38.1	175	56.1	
Strongly disagree	243	26.3	45	14.4	
	31	3.4	51	16.3	
3. Dental tourism can save a lot of money					0.000***
Strongly agree	41	4.4	27	8.7	
Agree	100	10.8	45	14.4	
Unsure	367	39.8	173	55.4	
Disagree	338	36.6	58	18.6	
Strongly disagree	77	8.3	9	2.9	
4. I can get faster treatment without delay on dental tourism					0.012*
Strongly agree	76	8.2	24	7.7	
Agree	243	26.3	30	9.6	
Unsure	439	47.6	168	53.8	
Disagree	139	15.1	76	24.4	
Strongly disagree	26	2.8	14	4.5	
5. Dental tourism can be a solution to solve my dental problems					0.001**
Strongly agree					
Agree	52	5.6	37	11.9	
Unsure	271	29.4	51	16.3	
Disagree	373	40.4	163	52.2	
Strongly disagree	194	21	52	16.7	
	33	3.6	9	2.9	

N means the number of subjects

*Statistical evaluation by means of Chi-square test

<Table 4> Experience on dental tourism and Interest on dental tourism

Dental Tourism	Indonesian		Korean		p-value*
	N	%	N	%	
Experience on Dental Tourism					
Yes	22	2.4	0	0	0.006
No	901	97.6	312	100	
Interest on dental tourism Experience					
Yes	333	37.0	85	27.2	0.009
Do not Know	175	19.4	74	23.7	
No	393	43.6	153	49.0	
Likelihood to have dental tourism in the future					
Yes	652	70.6	138	44.2	0.000
No	271	29.4	174	55.8	

N means the number of subject

*Statistical evaluation by means of Chi-square test

their interest to have an experience on dental tourism in the future. Between Indonesian and Korean, the majority had no interest to seek dental treatment abroad (43.6% vs 49%).

Participants in two countries were investigated about their likelihood to have dental tourism in the future after read information given. At the end of surveyed, they were given some information related to dental tourism which consists of definition, driving factors, popular destinations, and common dental treatments. Purpose of the information was to provide new knowledge for the respondents, especially for those who did not understand anything about dental tourism. The result showed a significant different between Indonesian and Korean. About two-third (70.6%) of Indonesian stated that they want to have a dental tourism experience in the future. Unlike

Indonesian, most of Korean (55.8%) did not intend to have dental tourism after reading the information.

3.5 Reasons for no interest to have dental tourism

To figure out reasons for those who had no interest to have dental tourism, both participants in Indonesia and Korea were asked about the main reason through closed-ended question. The reasons given for them were varied. Most of Indonesian (37.5%) conceived that dental tourism is an expensive activity. In the other hand, most of Korean (38.4%) had reason for did not have interest to have a dental tourism because they believed dental care in their home country was sufficient.

<Table 5> Reasons for non-attendance among Indonesian and Korean people

Main Reasons	Indonesian N=568(%)	Korean N=229(%)
Dental care in my country is good enough	18.5	38.4
I feel satisfy with dental facilities in my country	10.6	9.6
Dental quality care in my country is better than other country	1.1	4.8
Dental tourism have no benefit	1.9	2.1
Dental tourism is expensive	37.5	9.6
Dental tourism can not solve my dental problem	2.5	14.8
The process of dental tourism takes some time	3.2	14.8
I don't know anything about dental tourism	24.8	5.7

4. Conclusion and Outlook

The findings of this study provide important baseline information about knowledge, attitude, and experience between Indonesian and Korean towards dental tourism. Within below than half of participants in both countries who had ever heard about dental tourism, overall knowledge of Indonesian and Korean regarding this term was low. Additionally, before insight given in the questionnaire, attitudes of Indonesian and Korean about dental tourism were negative due to assumption that dental services in their home country were satisfactory. Yet, Indonesian had better experience on dental tourism than Korean might be because the difference of national health insurance system in these two countries. Regarding all these evidences, comprehensive and positive information about dental tourism is needed to enhance people's knowledge, attitude, and experience. Besides standard media such as, newspaper, magazine, and television, internet became important according to its effectiveness to distribute information related to this term.

References

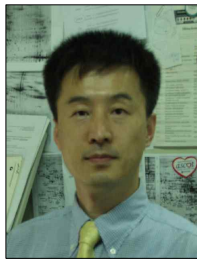
- [1] S.R, Porter, J.C, Leao, Review Article: Oral Ulcers and its Relevance to Systemic Disorders, *Aliment Pharmacol Ther.*, Vol. 21, No.4, pp. 295-306, 2005.
- [2] H.C, Slavkin, B.J, Baum, Relationship of Dental and Oral Pathology to Systemic Illness, *JAMA*, Vol. 284, No.10, pp.1215-1217, 2000.
- [3] R, Rautemaa, A, Lauhio, P.C, Mary, J.S, Gredory. Oral Infections and Systemic Disease—an Emerging Problem in Medicine. *Clin Microbiol Infect.*, Vol.13, No.11, pp.1041-47, 2007.
- [4] P, Goldie, Oral Health Care for Pregnant and Postpartum Women, *Int J Dent Hygiene*, Vol. 1, pp.174-176, 2003.
- [5] P.E, Peterson, The World Oral Health Report 2003: Continuous improvement of oral health in the 21st century - the approach of the WHO Global Oral Health Programme, WHO, Geneva, 2003.
- [6] US Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health. 2000.
- [7] J, Sudiono, The features of degenerative diseases and their association with the loss of teeth in the elderly of East Jakarta, *Southeast Asian J. Trop. Med. Public Health*. Vol. 39, No.1, pp. 184-189. 2008.
- [8] G.L, Berry, The challenge of dental insurance. *Best's Review (Life/Health Insurance Edition)*, Vol.73, No.10, pp.15-16, 1995.
- [9] I, Praiss, Quality of dental care - the role of third party players : a literature review, *Medical Care Review*, Vol. 35, No.11, pp.1121- 33,1978.
- [10] A, Osterle, P, Balázs, J ,Delgado, Traveling for teeth : characterictic and perspectives of dental care tourism in Hungary, *British Dental Journal*, Vol.206, No.8, pp. 425-428, 2009.
- [11] A, Kravitz, E, Treasure, Manual of Dental Practice. Dental Liaison Committee in the EU. 2008.
- [12] C, Mc Nerney, D, Gillmor, Experiences and perceptions of rural women in the Republic of Ireland: studies in the Border Region, *Irish Geography*, Vol. 38, No.1, pp. 44-56, 2005.
- [13] H, Legido-Quigley, I, Glinos, R, Baeten and M, McKee, Patient mobility in the European Union - learning from experience, *BMJ*, Vol. 334, pp.188-190, 2007.
- [14] A, Milosevic, Dental tourism : a global issue?. *Journal of Esthetic and Restorative Dentistry*, Vol. 21, No.5, pp. 289-291, 2009.
- [15] R. Kishan, Medical Tourism in South Korea, available from: [http://www. articlesbase.com/ destinations-articles/medical-tourism-in-south-korea-391219. Html](http://www.articlesbase.com/destinations-articles/medical-tourism-in-south-korea-391219.html)

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