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► To cite this version:

Anupama Aradya, M R Dhakshaini, K N Raghavendra Swamy, Ramesh Chowdhary, Narahari Ranganatha, et al.. Knowledge, Awareness, Attitude and Behaviour about Prosthodontic Treatment for Missing Teeth among Indian Population: A Cross Sectional Study. UTTAR PRADESH JOURNAL OF ZOOLOGY, 2023, 44 (1), pp.44 - 55. <10.56557/upjoz/2023/v44i13390>. <hal-04029701>

HAL Id: hal-04029701

<https://hal.science/hal-04029701v1>

Submitted on 15 Mar 2023

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Knowledge, Awareness, Attitude and Behaviour about Prosthodontic Treatment for Missing Teeth among Indian Population: A Cross Sectional Study

Anupama Aradya^{a++}, M. R. Dhakshaini^{a#},
K. N. Raghavendra Swamy^{a†*}, Ramesh Chowdhary^{b#},
Narahari Ranganatha^{c‡} and Rama Krishna Alla^{d^}

^a Department of Prosthodontics, JSS Dental College and Hospital, JSS Academy of Higher Education and Research, Mysuru, Karnataka-570015, India.

^b Department of Prosthodontics, Sri Siddhartha Dental College, Tumkur, Karnataka-572107, India.

^c Department of Oral and Maxillofacial Surgery, RajaRajeswari Dental College and Hospital, Bangalore, Karnataka-560074, India.

^d Department of Dental Materials, Vishnu Dental College, Bhimavaram, Andhra Pradesh, India.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.56557/UPJOZ/2023/v44i13390

Editor(s):

(1) Dr. Ana Cláudia Correia Coelho, University of Trás-os-Montes and Alto Douro, Portugal.

Reviewers:

(1) Ghada Abd Alrhman Taqa, University of Mosul, Iraq.

(2) Francisco Miguel Escandell Rico, Alicante University, Spain.

Original Research Article

Received: 28/10/2022

Accepted: 30/12/2022

Published: 17/01/2023

⁺⁺ Assistant Professor;

[#] Professor;

[†] Professor and Head;

[‡] Reader;

[^] Associate Professor;

*Corresponding author: Email: knrswamy27@gmail.com;

ABSTRACT

Purpose: The purpose of this study was to evaluate the level of awareness, knowledge, attitude and behaviour of the population aged 16-84 years toward the presence of missing teeth and prosthodontics treatment options available for replacing those missing teeth.

Study Selection: A pre-structured multiple-choice questionnaire consisting of socio-demographic questions was given to 300 patients randomly after obtaining their informed consent. The questions included in the survey helped to assess the patient's level of knowledge and awareness of the prosthodontic treatment as a whole.

Results: All the age group population were aware of missing teeth in their mouth and are aware of the replacement of those missing teeth. Among subjects, with a degree qualification, 18% choice of removable, 38.5% choice was fixed partial denture, and the other 38.5 % choice was implant option. For 61.6% of the elder group, 47.6% of the middle age group, and 32.7% of the younger adults, friends and relatives were the sources of information.

Conclusion: This study found that patients' understanding, and awareness of prosthodontic treatment had improved. Removable dentures were the treatment option of choice for the geriatric age group when considering prosthodontic treatment alternatives. Higher-educated individuals opted for fixed dentures and implants as treatment choices.

Keywords: Knowledge; prostheses; awareness; education; dental health.

1. INTRODUCTION

Prosthodontics involves the replacement of teeth loss partial or complete edentulous arch and associated structures, to restore the function and aesthetics of the patient in the form of removable or fixed Prosthetics [1-4]. For a specific clinical condition, various prosthetic treatment alternatives might be available, like removable, fixed tooth/teeth or implant-supported prosthesis. Commonly, the inception of prosthodontics treatment options has been perceived as an aspect of the specialist's responsibility. In contemporary clinical practice, patients are consecutively speculating a key role in choosing their actual treatment requirements by revealing their predictions and constraints [5-7]. The effectiveness of treatment will be influenced by three significant factors such as patient comfort, functionality, and aesthetics. Mechanical and biological factors determine patient function and comfort. However, acceptance of the aesthetic aspect of prosthodontics treatment modality is decided by a variety of social, and cultural impacts, attitudes and faith of the patient [8]. Patient attitudes regarding treatment sustained through a questionnaire before the patients receive the treatment could be a prospective tool to effect satisfaction with the definitive treatment [9]. Dental prosthetic treatment is anticipated to be closely correlated with sociodemographic parameters like age, gender, education, financial situation, personal interests, assurance of one's health, and environment [7]. Patients' knowledge of prosthodontic treatment may have a significant

effect on how well they accept their prostheses [10].

Nowadays, from the point of view of occlusion support, adjacent teeth preservation, and avoidance of removable partial denture implant-supported prostheses can be reviewed as the treatment of choice (RPD) [11-13].

As we know dental implants are connected with improved denture retention, stability, functional efficiency and quality of life [3,4,14]. Studies have reported that dental implants for prosthetic rehabilitation are becoming the most preferred choice among patients. In many developing countries, the usage of dental implants in restoring missing tooth/teeth is increasing. However, between individuals and countries, the thoughts and knowledge of patients about dental implants vary [14]. In a survey, it was found that only 23.24% of the non-rural population heard about dental implants in an Indian study [15]. In another Indian study, it was shown that only 33% of the participants had heard of dental implants as a treatment modality [16]. It is essential to evaluate patient awareness and knowledge of implants regularly [17].

Therefore, the purpose of the present study was to assess the population's (aged between 16-84) level of awareness, knowledge and attitude regarding the presence of missing teeth and prosthodontic treatment options available to replace those missing teeth. Further, this study also focused on evaluating the factors that may

have prevented them from delaying treatment before they visited the institution for treatment.

2. MATERIALS AND METHODS

A cross-sectional epidemiological survey was planned and conducted in a dental college. from August 2021 to September 2022. The questionnaire survey was conducted on the patients who visited the department of Prosthodontics for the restoration of missing tooth / teeth.

Before the main survey, a pilot survey was conducted on 10% of study participants to test the validity and reliability of questionnaire. The reliability of the questionnaire was determined by using test-retest method and the values measured Kappa (k) = 0.76 and weighted Kappa (k_w) = 0.67. Internal consistency of questionnaires were measured by applying Cronbach's-Alpha (α) where the value of α = 0.71.

After obtaining the informed consent of 300 patients, A close-ended interview schedule was prepared which consisted of demographic details and other second part consisted of awareness, knowledge and attitude questions. The survey's questions benefited in determining the extent to which patients understood prosthodontic treatment as a whole. A few questions examined the patient's past dental experiences, expectations, knowledge of the many prostheses available and their chosen option for the treatment, sources of information for the prosthesis, and the maintenance needs of the prosthesis that was accessible (Questionnaire Annexure Added).

2.1 Inclusion Criteria

1. All patients above the age of 18 years visiting the outpatient department of Prosthodontics, who wanted to get their missing tooth/teeth restored, were included.
2. Those patients, who had a previous history of prosthesis and patients who did not have were considered.
3. Patients referred from other departments for prosthodontics treatment were included.

2.2 Exclusion Criteria

1. Mentally compromised patients.
2. Patients who did not agree to answer the questionnaire.

3. Patients not fitting in the desired age group.
4. Patients suffering from any acute illness and cognitive impairment at the time of study

Accordingly, the age range was divided into young adults (18-35), middle-aged people (36-59), and the elderly (above 60), and the level of education was divided into illiterate, elementary, high school, pre-university, and degree.

The obtained data were subjected to statistical analysis using Statistical Package for Social Sciences software (SPSS version 21.0).

3. RESULTS

All the population that participated in the study had good past dental experience (Table 1). All participants, irrespective of age group, were aware of missing teeth in their mouth and also aware of replacing them. Twelve per cent of the total patient were unaware of the replacement of the missing teeth (Table 2).

Among the total population, 66.3%, 49.3%, 54.3% and 26.3% were aware of complete dentures, removable partial dentures, fixed partial dentures, and implants, respectively (Fig. 3). Among the age groups, 23% of middle-aged and 17.6% of elderly were aware of the complete denture, removable partial denture and fixed partial denture together. About 20.4% of younger adults were aware of fixed dentures and implants together. However, 10.2% of the younger and middle-aged population were aware of all the available prosthodontics treatment options (Table 3).

Among the illiterate subjects, the majority of them were aware of the complete denture, the remaining 15% of illiterate subjects were aware of both complete denture and removable partial dentures together, other 15% of illiterates were aware of all complete dentures, removable partial dentures and fixed denture together. 20.9% of Subjects with primary and 21.8% of subjects with High school education backgrounds were aware of both removable and fixed dentures (Fig. 1).

Amongst the educated subjects, 14.6% of subjects were aware of both removable and fixed dentures together, 12.5% were aware of all removable, fixed and implant together and the remaining 13.5% were aware of all the treatment options available. 20.3% of male and 11.7% of

female groups were aware of only complete dentures, and 21.1% of female and 16.3% of male groups were aware of both removable and fixed dentures. Whereas, 10.2% of female and 5.8% of male groups were aware of all the prosthodontics treatment options available (Table 4).

In the elderly group, removable dentures were chosen by 64.8% of the subjects, fixed dentures by 20.8%, and implants by 1.6%. Fixed dentures and implants were the preferences of the younger adults, respectively. Even the majority of middle-aged people chose implants and permanent dentures (Table 5)

Among respondents who were illiterate, removable dentures were chosen followed by fixed dentures. Among participants with only an elementary education, removable dentures were selected by respondents and then fixed partial dentures. Subjects with a high school diploma chose removable dentures 36.3% of the time, fixed partial dentures 29.7% of the time. Fixed partial dentures (32%) and implants (28%) were the top two choices (Table 6 and Fig. 2).

Compared to the male group female group opted for fixed partial dentures and implant options for the replacement (Table 7).

Interestingly 81% of the total population believes in regular visits for dental check-up. Around 14.7% of individuals want to visit on the requirement. In the gender category, there was a

common opinion on the regular visit for a check-up.

3.1 Maintenance of the Prosthesis

Most of the population including both male and female groups believe in the maintenance of prostheses.

For 61.6% of the elder group, 47.6% of the middle age group and 32.7% of the younger adults, friends and relatives were the sources of information. For 49.0% elder group, 29.4% middle age group and 24.0% of younger adults, Dentists were the source of information, For illiterate subjects, subjects with primary education, subjects with high school education, and pre-university education friends and relatives were the sources of information. For 45.8% of subjects with a degree qualification, dentists are the source of information (Table 9). For the 53.1% female and 49.4% male group, friends and relatives are the sources of information (Table 8).

Out of the total population, 23.3% gave the reason of financial constraint, 13.3% reason was inadequate knowledge, and 12.7% were not motivated. 30.3% of the illiterate subjects were not motivated, and 30.2% of subjects with a degree qualification gave the reason of financial constraint. 24.2% of female and 22.7% of male groups gave the reason of financial constraints (Table 10).

Table 1. Past dental experience of the participants

		Count	Percentage %
Past Dental Experience	Bad	3	1.0%
	Good	182	60.7%
	Nil	27	9.0%
	Satisfactory	45	15.0%
	Very Good	43	14.3%

Table 2. Awareness of missing teeth

		Count	Percentage %
Are you aware that missing teeth have to be replaced	Yes	264	88.0%
	No	36	12.0%

Table 3. Awareness of different age group population on available prostheses (a. Complete Denture, b. Removable Partial Denture, c. Fixed Partial Denture, d. Implant e. Not aware)

		Age					
		Young adult (18-35)		Middle Aged (36-59)		Elderly (Above 60)	
		N	%	N	%	N	%
Awareness on available prostheses	a	1	2.0%	15	11.9%	34	27.4%
	b	1	2.0%	4	3.2%	1	0.8%
	c	2	4.1%	4	3.2%	3	2.4%

	Age					
	Young adult (18-35)		Middle Aged (36-59)		Elderly (Above 60)	
	N	%	N	%	N	%
d	3	6.1%	0	0.0%	2	1.6%
e	4	8.2%	18	14.3%	16	12.8%
a,b	0	0.0%	11	8.7%	23	19.2%
a,c	3	6.0%	3	2.4%	8	6.4%
a,d	0	0.0%	1	0.8%	0	0.0%
b,c	3	6.0%	6	4.8%	5	4.0%
c,d	10	20.4%	5	4.0%	1	0.8%
a,b,c	3	6.0%	29	23.0%	22	17.6%
a,b,d	0	0.0%	1	0.8%	1	0.8%
a,b,c	0	0.0%	0	0.0%	1	0.8%
a,c,d	7	14.3%	10	7.9%	2	1.6%
b,c,d	7	14.3%	6	4.8%	0	0.0%
a,b,c,d	5	10.2%	13	10.3%	5	4.0%

Table 4. Individuals of different education background Awareness on available prostheses (a. Complete Denture, b. Removable Partial Denture, c. Fixed Partial Denture, d. Implants e. Not aware)

		Education									
		Degree		High School		Illiterate		Pre University		Primary	
		N	%	N	%	N	%	N	%	N	%
Awareness on available prostheses	a	9	9.4%	13	14.3%	14	42.4%	4	16.0%	10	18.2%
	b	0	0.0%	1	1.1%	2	6.1%	1	4.0%	2	3.6%
	c	5	5.2%	3	3.3%	0	0.0%	0	0.0%	1	1.8%
	d	2	2.1%	0	0.0%	1	3.0%	1	4.0%	1	1.8%
	e	2	2.1%	24	26.4%	3	9.1%	2	8.0%	7	12.7%
	a,b	2	2.1%	12	13.2%	5	15.2%	3	12.0%	13	23.6%
	a,c	4	4.1%	4	4.4%	0	0.0%	2	8.0%	4	7.3%
	a,d	0	0.0%	1	1.1%	0	0.0%	0	0.0%	0	0.0%
	b,c	8	8.2%	2	2.2%	0	0.0%	2	8.0%	2	3.6%
	c,d	14	14.5%	0	0.0%	1	3.0%	1	4.0%	0	0.0%
	a,b,c	14	14.6%	19	20.9%	5	15.2%	4	16.0%	12	21.8%
	a,b,d	2	2.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	a,c,d	12	12.5%	4	4.4%	1	3.0%	1	4.0%	1	1.8%
	b,c,d	9	9.4%	2	2.2%	0	0.0%	2	8.0%	0	0.0%
	a,b,c	0	0.0%	1	1.1%	0	0.0%	0	0.0%	0	0.0%
a,b,c,d	13	13.5%	5	5.5%	1	3.0%	2	8.0%	2	3.6%	

Table 5. Individuals of different age group choice of prostheses. (a. Complete Denture, b. Removable Partial Denture, c. Fixed Partial Denture, d. Implants e. No need for replacement)

		Age					
		Young adult(18-35)		Middle Aged (36-59)		Elderly (Above 60)	
		N	%	N	%	N	%
Choice of prostheses	a	0	0.0%	15	11.9%	73	58.4%
	b	1	2.0%	20	15.9%	8	6.4%
	c	15	30.6%	50	39.7%	26	20.8%
	d	28	57.1%	26	20.6%	2	1.6%
	e	4	8.2%	15	11.9%	16	12.8%
	c,d	1	2.0%	0	0.0%	0	0.0%

Chi Square = 73.2 p= 0.0001

Table 6. Individuals with different education background choice of prostheses. (a. Complete Denture, b. Removable Partial Denture, c. Fixed Partial Denture, d. Implants e. No need for replacement)

		Education									
		Illiterate		Primary		High School		Pre-University		Degree	
		N	%	N	%	N	%	N	%	N	%
Choice of prostheses	a	17	51.5%	26	47.3%	27	29.7%	4	16.0%	14	14.6%
	b	6	18.2%	9	16.4%	6	6.6%	4	16.0%	4	4.2%
	c	6	18.2%	13	23.6%	27	29.7%	8	32.0%	37	38.5%
	d	2	6.1%	1	1.8%	9	9.9%	7	28.0%	37	38.5%
	e	2	6.1%	6	10.9%	21	23.1%	2	8.0%	4	4.2%
	c,d	0	0.0%	0	0.0%	1	1.1%	0	0.0%	0	0.0%

Chi Square = 85.6 p= 0.001

Table 7. Choice of prostheses in relation to Gender (a. Complete Denture, b. Removable Partial Denture, c. Fixed Partial Denture, d. Implants e. No need for replacement)

		Gender			
		Female		Male	
		Count	Percentage %	Count	Percentage%
Choice of prostheses	a	26	20.3%	62	36.0%
	b	14	10.9%	15	8.7%
	c	43	33.6%	48	27.9%
	d	30	23.4%	26	15.1%
	e	14	10.9%	21	12.2%
	c,d	1	0.8%	0	0.0%

Chi Square = 10.1 p= 0.039

Table 8. source of information for the available prosthetic options in relation to age(a. Magazines, b. newspapers, c. T. V. and radio, d. Dentist, e. Friends and relatives, f. Other sources)

		Age					
		Young adult (18-35)		Middle Aged (36-59)		Elderly (Above 60)	
		N	%	N	%	N	%
Source of information	a	0	0.0%	6	4.8%	5	4.0%
	b	4	8.2%	8	6.3%	4	3.2%
	c	3	6.1%	10	7.9%	3	2.4%
	d	24	49.0%	37	29.4%	30	24.0%
	e	16	32.7%	60	47.6%	77	61.6%
	f-doctor	0	0.0%	0	0.0%	2	1.6%
	f-govt hosp	0	0.0%	2	1.6%	0	0.0%
	f-internet	1	2.0%	0	0.0%	0	0.0%
	f-taken treatment for caries	0	0.0%	2	1.6%	1	0.8%
	b,c	1	2.0%	0	0.0%	0	0.0%
	d,e	0	0.0%	1	0.8%	1	0.8%
	d,e	0	0.0%	0	0.0%	1	0.8%
	a,e	0	0.0%	0	0.0%	1	0.8%

Chi Square = 21.7 p=0.017

Table 9. Individuals with different education group-source of information for the available prostheses. a. Magazines, b.newspapers, c.TV. and radio, d. Dentist, e. Friends and relatives, f. Other sources)

		Education									
		Degree		High School		Illiterate		Pre-University		Primary	
		N	%	N	%	N	%	N	%	N	%
Source of information	a	6	6.2%	2	2.2%	1	3.0%	0	0.0%	2	3.6%
	b	4	4.2%	4	4.4%	2	6.1%	2	8.0%	4	7.3%
	c	4	4.2%	8	8.8%	0	0.0%	2	8.0%	2	3.6%
	d	44	45.8%	24	26.4%	5	15.2%	9	36.0%	9	16.4%
	e	33	34.4%	49	53.8%	25	75.8%	12	48.0%	34	61.8%
	f	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.8%
	f-doctor	1	1.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	f-govt hosp	0	0.0%	1	1.1%	0	0.0%	0	0.0%	0	0.0%
	f-govt hosp	0	0.0%	1	1.1%	0	0.0%	0	0.0%	0	0.0%
	f-internet	1	1.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	f-taken treatment for caries	1	1.0%	0	0.0%	0	0.0%	0	0.0%	2	3.6%
	b&c	0	0.0%	1	1.1%	0	0.0%	0	0.0%	0	0.0%
	d,e	1	1.0%	1	1.1%	0	0.0%	0	0.0%	1	1.8%
	a&e	1	1.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Chi Square = 37.8 p= 0.009

Table 10. Reasons for not replacing the missing teeth among total participants

		Count	Percentage %
If you have not replaced Teeth then why	Financial Constraints	70	23.3%
	Inadequate Knowledge	40	13.3%
	Not motivated	38	12.7%
	Other	25	8.2%
	Taking Treatment	127	42.3%

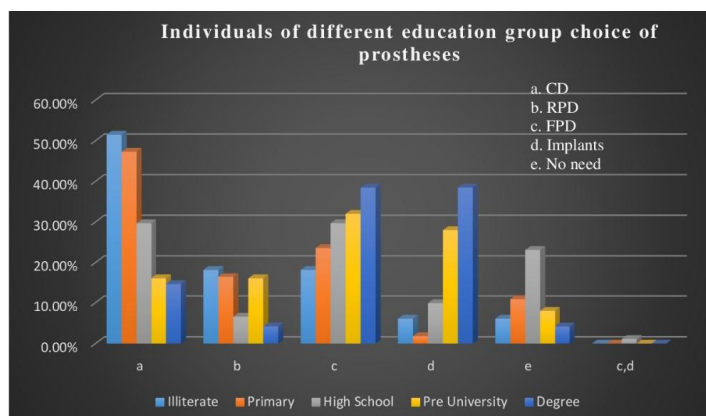


Fig. 1. Individuals of different education group of choice of prostheses

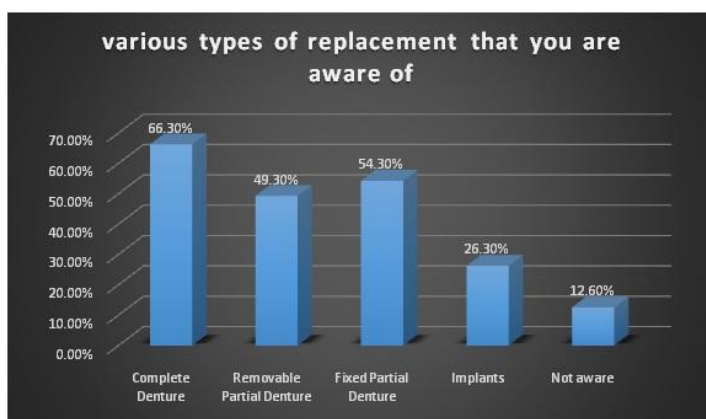


Fig. 2. Various types of replacement awareness

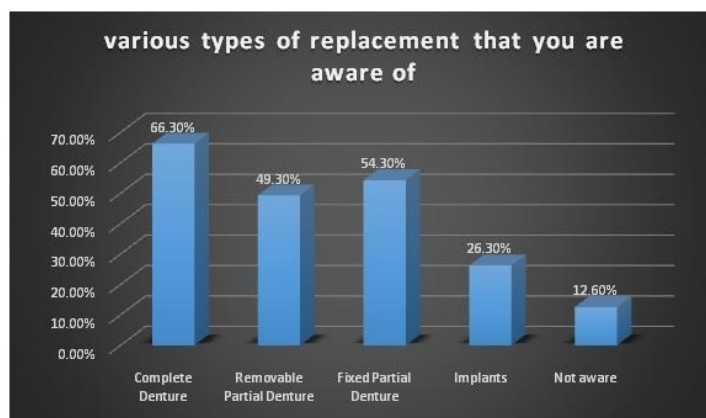


Fig. 3. Most preferable method for teeth replacement

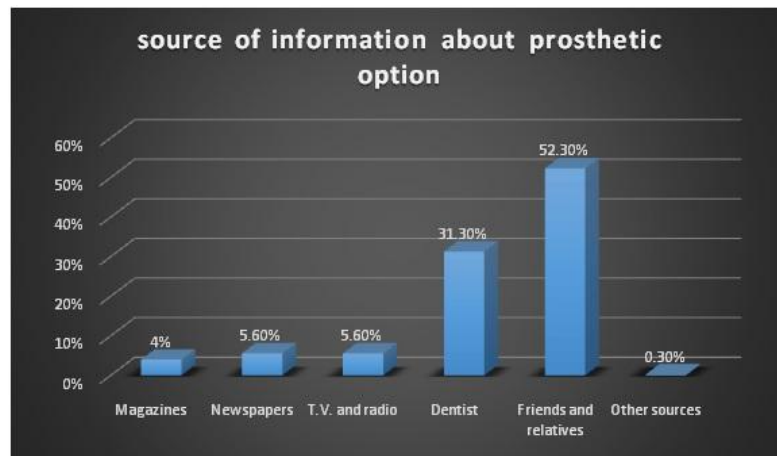


Fig. 4. Source of information about prosthetic option

4. DISCUSSION

In a highly populated country like India, statistical analysis of patients' knowledge, awareness, and attitude towards tooth replacement is minimal. So, an attempt was made to find out the level of knowledge, awareness, and attitude towards the replacement of teeth among patients.

Since all of the subjects in our study reported independently to the hospital for tooth replacement, it was expected that they would all express that their missing teeth needed to be replaced. However, 12% of the population did not express this need because they did not have any missing teeth, necessitating greater awareness in these populations during routine dental consultations and educational counselling during these consultations.

According to a study by Singh SV et al. (2007) few people are aware of prosthodontic treatment [18]. The current study, however, has showed an increase in individual awareness. Compared to the research conducted more than a ten years ago, there has been an improvement in the understanding of prosthetic restoration state (Table 2).

The majority of patients were aware of the possibilities for removable prosthodontics but fixed partial dentures and tooth and implant-supported prostheses were also more well-known to them (Fig. 2). Similar findings were observed in a study conducted by Suprakash et al. (2013), age also showed differences in treatment wise as younger people were more enthusiastic and educated were knowing this treatment in large numbers [16].

Compared to ten years back study done by Chowdhary et al. [15] our study results have shown that younger adults are aware of implant supported prostheses there is a percentage of growth in awareness of implant restoration among the individuals, but their study was on multicenters. Future study has to be conducted for the same at various multicenters

Similar to Nomura et al. [11] study, our study has shown that the likelihood of attending prosthodontics treatment is related to sociodemographic background. Education is a key factor in the prosthesis consultation [19]. In their study, Shah et al. reported that the prevalence of wearing of dentures increased with the increase in the level of literacy [20]. It may be that individuals with higher educational achievements have greater health concerns and thus seek prosthodontics care more often than those with lower levels of education. High level of education may be one of the main reasons that majority of population with education of degree were aware of all the prosthodontics treatment options available.

Both female and male group had the awareness on the missing teeth. In case of knowledge on prosthodontics treatment options available, female had the knowledge on all the treatment options available compare to male group. Female group were aware of both removable and fixed denture available. Similarly females having more knowledge as compared to males, these findings are similar to this study [21]. In another study while 26 females and 17 males were preferring FPD as treatment modalities [22].

Interestingly all the participants were familiar with the college and hospital where the treatment can be taken. Most of the patients opted to get treated from the dental college than private clinics; this may be to reduce the financial burden following a prosthetic replacement.

In the current study majority of the elderly age group choice for the treatment options were removable denture as they were more aware of it, some of the individuals who have already been rehabilitated, the denture is most frequently used and they were comfortable and familiar with the removable denture as it is inexpensive and seems more accessible to them depending on their socio-economical level [23]. Elderly individuals' choice was fixed denture and similar to other study the implant choice was less in this age group, so education and motivation is required for this group regarding implant [19]. Whereas younger age group majority of them opted implant and remaining participants fixed prostheses this may be due to the increase in technology and media. In addition, young people are more concerned about their appearance and teeth (Table 5).

Even though there is a scarcity of data regarding patient's preferences in field of fixed prosthodontics, this study shows an increase in demand for fixed partial denture by the individual with knowledge of the same (Fig. 3).

Income and educational status of individuals are often correlated. Majority of the illiterate individuals opted the removable dentures, they may be familiar with the existing dentures or may be the financial constraint to opt for the fixed denture. Individuals with degree education selected the fixed denture and the implant as treatment option, it may be that individuals with higher educational attainments have greater health concerns and thus seek prosthodontics care more often than those with lower levels of education (Table 6 and Fig. 1) [20].

We consider the fact that more than 95% of the participants were aware that regular dental visits are required in order to maintain optimum oral and dental health of an individual to be a positive factor. The participants' awareness of regular dental visits was also assessed according to variables such as gender, age and educational level and the results revealed that it is statistically significant when gender, ethnicity and the educational levels were considered.

More than 95% of the individuals believe in the maintenance of the prostheses.

For majority of the individuals friends and relatives are the source of information. Similar to other study this claim is supported by the fact that most of the patients (about 34%) highlighted that their source of information on prosthodontics options was friends or relatives [24]. Whereas for subjects with degree education, dentists are the source of information because they may be visiting the dentists regularly, so here it is very important for the dentists to educate and motivate the patient during clinical examination itself regarding the awareness, need for prosthodontics treatment, different treatment options available, maintenance of oral hygiene as well as prostheses. However, a study by Mukatash et al. [6] carried out in Jordan found that the major source of information for patients is dentists. Similarly other study highlights the significant role that the dentists play a vital role in the spread of awareness about prosthodontics treatment and they prove a good source of information which facilitates further spread of information to patient's friends and relatives. Like other study [24], our study reveal that mass media does not play a significant role in the education on prosthodontics aspects of dental health. Hence media can play a role in educating the public about dental treatment options for missing teeth (Fig. 4).

In agreement with the findings of other studies [2,25,26], the current study shows majority of them gave the reason of financial constraint for not replacing the teeth even though they had the knowledge (Table 10). Illiterate individuals were not motivated for replacement of teeth, so here dental health check-up camps play a vital role, as well as the mass media and dentists are very important to motivate them. Health insurances should provide benefits to prosthodontics rehabilitation and other dental treatment as well. In the present study, knowledge of the study participants regarding prosthodontic rehabilitation had a significant correlation with attitude similar to Mansour KA et al study [2].

In India, overall coverage of dental health insurance is low; approximately 10 percent of the population is assessed to approach health insurance coverage. Generally, the health care demands of the rural poor individuals and informal workers have been to a great extent neglected. In spite of, several initiatives have been tried. Danta Bhagya yojana an oral health

initiative by Karnataka State Government provide free dentures to the senior citizens with complete tooth loss(aged 60 or above) belonging to the below poverty line families. The scheme was launched in 2014 December and is aimed at providing free dentures to at least 30,000 senior citizens. The State Government has involved 45 government and private dental colleges in the State to implement the Danta Bhagya scheme. Our Institution is one among them to rehabilitate the individuals under Danta Bhagya Yojana. The scheme provided free denture to patient above 60 years of age and residing in Karnataka with BPL card holder. Modification was done with regarding the age group and reduced to 45 years so as to provide free denture to a larger population and partial denture was also included in the scheme for loss of more than 3 teeth. This oral health policy will have a positive impact on the state of dental health in the State.

So systemic community-based oral health promotion should be strengthened, which stress upon the possibilities and limitations of any prosthetic replacement a patient may prefer utilizing different available media.

Future studies should determine how the dental profession and society might address an increased demand for services among people who have limited financial resources. These studies would provide important insights into the various types of assistance and insurance programs that might be designed and implemented to benefit each individual. Future surveys can be carried out from various demographically different locations.

5. LIMITATIONS

1. The survey was taken from the patients who visited only one Dental college.
2. The patients' attitudes and demand towards the replacement of missing teeth might be different from the clinicians' assessment.

6. CONCLUSION

Within the limitations of this study it can be concluded that;

- An improvement of knowledge and awareness of patients about the prosthodontics treatment has been observed.

- Knowledge, awareness of patients and choice of patients regarding prosthodontics treatment are different among age group, gender, education of populations.
- With respect to the knowledge and awareness of patients about the prosthodontics treatment, the removable prosthodontics options were known to most of the patients, their awareness on fixed partial denture, and implant supported prostheses, was also at a higher level
- With respect to the choice of prosthodontics treatment options, elderly age group choice for the treatment options were removable denture as they were more aware of it, as it is inexpensive and seems more accessible to them depending on their socio-economical level but the implant choice was less in this age group so education and motivation is required for this group regarding implant
- Individuals with higher education selected the fixed denture and the implant as treatment option, it may be that individuals with higher educational attainments have greater health concerns and thus seek prosthodontics care more often than those with lower levels of education
- Friends and relatives are the most common source of information for the patients in terms of education about different treatment options available to replace the missing teeth.
- Financial burden for the patients who have not taken treatment

CONSENT AND ETHICAL APPROVAL

Ethical clearance was obtained from the institution (No-JSS/DCH/Ethical/06/2016-17(2)) and with the consent of the patients, this present questionnaire survey was carried out.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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