

Knowledge and Awareness Regarding Partial Edentulism Among House Maids

Research Article

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Abstract

Objectives: Partial edentulousness is a dental arch in which one or more, but not all the natural teeth are missing. Generally, it occurs due to caries, periodontal problems, traumatic injuries and cystic lesions. Partial edentulism leads to several drawbacks to the subjects including clinical challenges and lifestyle compromises. Clinically, partial edentulism results in drifting and tilting of adjacent teeth, supra eruption of opposing teeth, altered speech, changes in facial appearance and temporomandibular disorders. The aim of the current study was to assess the knowledge and awareness regarding partial edentulous status among house maids in our regional population.

Methods: A cross sectional study was conducted among housemaids in Chennai. A total of 50 housemaids between the age group of 35-60 participated in the study. All the participants were checked for their caries status. The questionnaire was given to the participants which was filled and returned.

Results: In the present study, 30 of them had missing teeth. Among them, only 8 participants were concerned about replacing the missing tooth. 24 of the participants replied that price influenced them in their decision making.

Conclusion: According to our study it can be concluded that the knowledge and awareness regarding partial edentulism among the house maids was inadequate. In addition to this, the attitude and awareness towards dental care, and the cost of dental treatment might also be the significant factor that determines the prosthetic status of a person.

Keywords: House Maids; Partial Edentulism; Knowledge; Awareness; Tooth Loss; Extraction; Prosthesis; Missing Teeth.

Introduction

Loss of teeth reflects a major public health problem in many countries. Edentulism has a significant impact on health and the overall quality of life [1, 2]. India, sixth biggest country by area is the second most populous country. Factors contributing to the steady rise in prevalence of periodontal disease include poor oral health awareness [3]. Oral health knowledge is considered to be an essential prerequisite for health-related behavior [4]. Although only a weak association exists between knowledge and health behavior in cross-sectional studies there are studies that establish an association between knowledge and better oral health [5].

The pattern of partial edentulism has been evaluated in many selected populations in different countries by different methods [6]. Epidemiological studies on edentulism and tooth loss vary

considerably in prevalence between countries and between geographic regions within countries and there are no available subjects that have investigated the prevalence of partial edentulism among subjects. One of the most important oral health indicators is the ability to retain more numbers of teeth throughout life. Edentulism or complete tooth loss is prevalent worldwide among older people [7]. Earlier study has shown that edentulism affects the health and the overall quality of life of the elderly [8]. The objective of the current study was to assess the knowledge and awareness regarding partial edentulous status among house maids in our regional population.

Materials And Methods

A cross sectional study was conducted among housemaids in

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Chennai. A total of 50 housemaids among the age group 35-60 participated in the study. All the participants were checked for their caries status. The questionnaire was given to the participants which was filled and returned. Only completely filled questionnaire were used for the study. Data collected was statistically analysed and results obtained.

Questionnaire:

Knowledge and Awareness Regarding Partial Edentulism Among House Maids

Name:

Age:

Sex:

- 1) Do you think tooth loss can affect general health?
a. Yes b. No
- 2) Are you concerned about losing your teeth?
a. Yes b. No
- 3) Do you have any missing tooth?
a. Yes b. No
- 4) Reason for loss of teeth?
a. mobile tooth b. tooth decay c. fracture d. others
- 5) Are you aware of the treatment options available for replacing the teeth?
a. Yes b. No
- 6) Duration of Edentulism without treatment?
A) Less than 3 months B) 3 to 6 months C) more than 6 months
- 7) Do you think it is necessary to replace a missing tooth?
a. Yes b. No
- 8) Are you wearing or have you worn a dental prosthesis?
A) Yes B) No
- 9) If yes, what type of prosthesis are you wearing?
A) Fixed B) Removable
- 10) How often do you visit a dentist?
A) Once in 6 months B) Once in 3 months C) Not regular D) Only when necessary
- 11) What type of diet do you take?
A) Veg B) Non veg
- 12) Do you think missing tooth can affect your smile?
a. Yes b. No
- 13) Does the price of the treatment influence you in undergoing any treatment?
A. Yes B. No
- 14) Do you think removable prosthesis will be uncomfortable to wear?
A) Yes B) No
- 15) What type of prosthesis do you prefer for replacement?
a. Fixed b. Removable
- 16) Do you know bone loss can affect the prognosis of the treatment?
A. Yes B. No
- 17) Was this study useful for you?
A. Yes B. No

Results

In our study, majority of partially edentulous patients belonged to the age group of 41-50 years. All the participants were concerned about losing their teeth. In the present study, 30 of them had

missing teeth. Among them, only 8 participants were concerned about replacing the missing tooth. 24 of the participants replied that price influenced them in their decision making. 22 of the participants in our study did not restore the missing teeth for economic reasons and lack of knowledge, and eight due to fear.

Discussion

Tooth loss has been reported to be mainly due to dental caries and periodontal disease [9]. The complex interaction between dental diseases, the tendency to use dental care, dental attitude, and affordability of non-extraction treatment have been related to the incidence of tooth loss [10, 11]. Women with a low education level, low economic status, and those who did not brush their teeth showed a higher average of missing teeth [12]. Gender, low family income, and rural domicile have been associated with edentulism [13]. Tooth loss impairs the quality of life, and also it affects the well-being of the person. Missing teeth can interfere with chewing ability, diction, anaesthetics [14]. Low self-esteem related to tooth loss can hinder an individual's ability to socialise, hamper the performance of work and daily activities, and lead to absence from work [15].

Information about the frequency of tooth loss and its risk factors in developing countries is sparse. Relatively very few studies have been conducted to know the risk indicators related with tooth loss among Indian adults [14-16]. Partial edentulism leads to several drawbacks to the subjects including clinical challenges and lifestyle compromises [17]. Clinically, partial edentulism results in drifting and tilting of adjacent teeth, supra eruption of opposing teeth, altered speech, changes in facial appearance and temporomandibular disorders [18, 19]. Also, the loss and continuing degradation of the alveolar bone, the adjacent teeth and also the supporting structures will influence the difficulty to achieve an adequate restoration in a partially edentulous patient [20].

Loss of teeth reflects a major public health problem in many countries. Edentulism has a significant impact on health and the overall quality of life [21]. Studies on self-perception have shown that tooth loss is associated with functional, psychological, and social impacts on individuals. When patients had missing teeth in the anterior region along with missing teeth in the posterior region, their primary reason for replacement was aesthetics. Loss of teeth reflects a major public health problem in many countries [22, 23]. Since the economy status of the majority was quite low, they were unable to afford treatment.

In our study, majority of partially edentulous patients belonged to the age group of 41-50 years which could be because of periodontal problems, dental caries, weakening of the alveolar bone among others. From the survey, it was found that 22 of them did not restore the missing teeth for economic reasons and due to lack of knowledge, and eight due to fear. The prevalence of partial edentulism in the study population of house maids was relatively high. The knowledge and awareness about rehabilitation of partial edentulous state was also inadequate.

Conclusion

According to our study it can be concluded that the knowledge and awareness regarding partial edentulism among the house

maids was inadequate. In addition to this, the attitude and awareness towards dental care, and the cost of dental treatment might also be the significant factor that determines the prosthetic status of a person. It is recommended to conduct awareness program in future among dental students on how to treat and provide oral health care for common population.

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