Knowledge and assessment of partial edentulism among adolescent school children in rural areas

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ABSTRACT

Introduction: Persons who have lost teeth (either partially or completely) are termed edentulous (edentate), whereas those who have not lost teeth can be called dentate. People living in rural areas may follow a form of health care based on ancient traditions, beliefs, and cultural habits. Edentulism affects approximately 158 million people globally as of 2010 (2.3% of the population). It is more common in women at 2.7% compared to the male rate of 1.9%. Partial edentulism is an indication of unhealthy dental practices in society and attitude toward dental and oral care. Materials and Methods: A cross-sectional study was done by conducting a survey consisting of 10 questions prepared to assess the awareness of partial edentulism and tooth replacement among adolescents. A total of 100 participants aged between 17 and 21 in rural districts of Kanchipuram (Chennai). The data were statistically analyzed. Results: It was seen that 71% of participants aware of the partial edentulism and can be treated. 61% of participants were agree to undergo prosthodontics treatment and rest of 39% were not aware of such treatment, and few of them have their some financial issue, clinical fear. Conclusion: The present study concluded that the prevalence of partial edentulism among the study population was high. They need community-based oral health programs to increase awareness and reduce the risk of tooth loss and make them aware of prosthodontics rehabilitation among the people, and people should be educated about the need for prosthodontics treatments.

KEY WORDS: Dentate, Edentulism, Partially edentulism, Prosthodontics

INTRODUCTION

Partial edentulousness is a dental arch in which one or more but not all natural teeth are missing. Most often it happens by caries, periodontal issue, traumatic injuries, impactions, supernumerary teeth, neoplastic, and cystic lesions.¹ A few investigations have revealed caries as the primary causative for tooth missing.² As indicated by Zaigham and Muneer and Abdel-Rahman et al., dental caries and periodontal disease were the real reason for tooth loss in early childhood and adolescence.³ Additional studies observed that age correlates positively with partial edentulism.⁴

Partial edentulism promotes the several disadvantages to the subjects including clinical challenges and lifestyle compromises. Clinically, partial edentulism effect the floating and tilting of nearby teeth, supra-eruption of opposing teeth, altered speech, changes in facial appearance, and temporomandibular disorders.⁵ Likewise, the loss and continuing degradation of the alveolar bone, the adjacent teeth and furthermore the supporting structure will impact the trouble to accomplish a sufficient adequate restoration in a partially edentulous patient.⁶ On the lifestyle compromises, partial edentulism confines dietary options, which lead to weight loss. Further, it leads to lack of confidence and confined social alternatives, which promotes weight reduction; further, it prompts absence of certainty and bound social exercises which may antagonistically influence the personal satisfaction and leads to mental disappointment. A few orders have been proposed to characterize incompletely edentulous curves to perceive conceivable mixes of teeth to edges. At introduce, Kennedy’s arrangement is viewed as the most comprehensively acknowledged order for incompletely edentulous arches. Kennedy’s grouping offers prompt perception, prosthesis acknowledgment, and evaluation of removable incomplete denture outline features.⁷,⁸

Partial edentulism is one of the broadly examined topics in dentistry. The pattern of partial edentulism has been assessed in numerous chosen populations in the various nation. Several studies have analyzed the correlation between partial edentulism and its influencing factors such as socioeconomic parameters, age, and gender.⁹,¹⁰

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Few studies also have analyzed the awareness among the subjects to replace the missing teeth.\[9,10\] Surveying of RPDs, patients visiting clinics, clinical records, and population in a particular locality have been the common method of evaluation of the partial edentulism. Usually, studies have been done by interpretation of patients detail through poll.\[11\] The aim of this survey is to assess the awareness of treatment options for partial edentulism among the rural population in Kanchipuram district and to educate them about the need for accepting prosthodontic treatment for partial edentulism.

**MATERIALS AND METHODS**

This survey was an online survey, taken by 100 individuals from Kanchipuram district. Survey links to make awareness of partial edentulism and the need for tooth replacements among people. The questionnaire is filled. After the data collection, statistical measurement is done. The following questions were asked.

1. Age
2. Gender
3. What do you think will cause of partial edentulism
4. Do you know partial edentulism can be treated
5. Do you know that there is a remedial treatment for partial edentulism
6. What is your educational status
7. Will you agree to undergo prosthodontics treatment
8. If no what is the reason for declining prosthodontics treatment
9. How many times you do brush in a day
10. Do you find any difficulty during eating.

**RESULTS AND DISCUSSION**

Edentulism is the state of Haig lost all of one’s natural teeth. The occurrence of an oral “end state” such as edentulism is important because it is an indicator of both population health and the functioning and adequacy of a country’s oral health-care system. In this study, it is seen that 73% of the participants were aware of teeth replacements and 27% were not aware of prosthodontic options. In this survey, participants believed tooth decay (46%) was the major cause of partial edentulism followed by cavity in teeth (27%) and vitamin deficiency (27%). 61% of participants were willing to undergo prosthodontic treatment to rehabilitate their partial edentulous state, and 39% were not willing to take treatment, and the participants stated unawareness (34%), financial issue (30%), and fear of pain (36%) as the major causes for declining prosthodontic rehabilitation. The number of male participants is larger than that of females in this survey. Although most of the people are aware of the existence of prosthodontic treatment, there are some people who, though aware of prosthodontic treatment options are not willing to take up prosthodontics treatment. The reasons stated by the people were unawareness, lack of facilities in hospital, non-accessibility, of which unawareness of the existence of prosthodontic treatment is the major reason stated by people. According to a study done by Judy et al., it was seen that men have more awareness than women. This was because it was believed that men are more health conscious than females.\[12\] Some studies have analyzed the correlation between partial edentulism and factors such as education status and socioeconomic statuses.\[13\] This included a study conducted by D’Souza et al., in which the partial edentulism was correlated
with various sociodemographic factors. The study conducted by Sapkota et al., correlated employment status, and studied the prevalence and awareness of tooth replacement among people.

CONCLUSION

From this survey, it is seen that unawareness is the most stated reason behind declining the prosthodontic treatment. This study showed the inadequate awareness of prosthodontic rehabilitation among the people and people should be educated about the need for prosthodontic treatment.

REFERENCES


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