

Original Research

Awareness about Orthodontics as a speciality: A survey among rural population in Karnataka

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ABSTRACT:

Background: The specialty of orthodontics relates to facial and occlusal development and involves the supervision, interception, and correction of occlusal and dentofacial anomalies known as malocclusion. It is becoming important to identify the awareness levels of young population with respect to oral health and the orthodontics treatment because these are advantageous in preventing further malocclusion complication. Hence; the present study was undertaken among rural population in Karnataka for assessing awareness about Orthodontics as a speciality. **Materials & methods:** A total of 100 subjects of rural population were enrolled. A questionnaire was fabricated and was given to all the subjects. Questionnaire consisted of questions for assessing awareness about orthodontic as a speciality. The survey instrument, a self-administered questionnaire, was specifically designed for examining the respondent's knowledge of orthodontics as a specialty and included questions such as who is an orthodontist, what procedures are carried out in an orthodontic clinic, and the effect of abnormally arranged teeth on well-being. **Results:** Out of 100 participants, 86 participants had a dental visit in the last one year. 49 percent of the participants were aware about the term "orthodontic". 10 percent of the participants have received orthodontic treatment during their lifetime. 65 percent of the participants had any information about orthodontic as a speciality. **Conclusion:** Rural population had inadequate knowledge and awareness about the speciality "orthodontics".

Key words: Orthodontic treatment, Survey

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INTRODUCTION

The specialty of orthodontics relates to facial and occlusal development and involves the supervision, interception, and correction of occlusal and dentofacial anomalies known as malocclusion. Malocclusion is a term which refers to malalignment of teeth and incorrect relationship between the upper and lower arches. Patients with malocclusion have no specific signs and symptoms, but may complain about esthetics, difficulty with speech, and mastication. The prevalence of malocclusion has been found to vary in different countries, ranging from 20 to 43% in India and 88.1% in Colombia.¹⁻³

The early management of malocclusion is important because of its impact on self-esteem and quality of life. Globally there has been an increase in the awareness of orthodontics as a dental specialty among children as well as adults. Thus, it is becoming important to identify the awareness levels of young

population with respect to oral health and the orthodontics treatment because these are advantageous in preventing further malocclusion complication.⁴⁻⁶ Hence; the present study was undertaken among rural population in Karnataka for assessing awareness about Orthodontics as a speciality.

MATERIALS & METHODS

The present study was undertaken among rural population in Karnataka for assessing awareness about Orthodontics as a speciality. A total of 100 subjects of rural population were enrolled. A questionnaire was fabricated and was given to all the subjects. Questionnaire consisted of questions for assessing awareness about orthodontic as a speciality. The survey instrument, a self-administered questionnaire, was specifically designed for examining the respondent's knowledge of

orthodontics as a specialty and included questions such as who is an orthodontist, what procedures are carried out in an orthodontic clinic, and the effect of

abnormally arranged teeth on well-being. All the results were recorded in Microsoft excel sheet and were analysed by SPSS software.

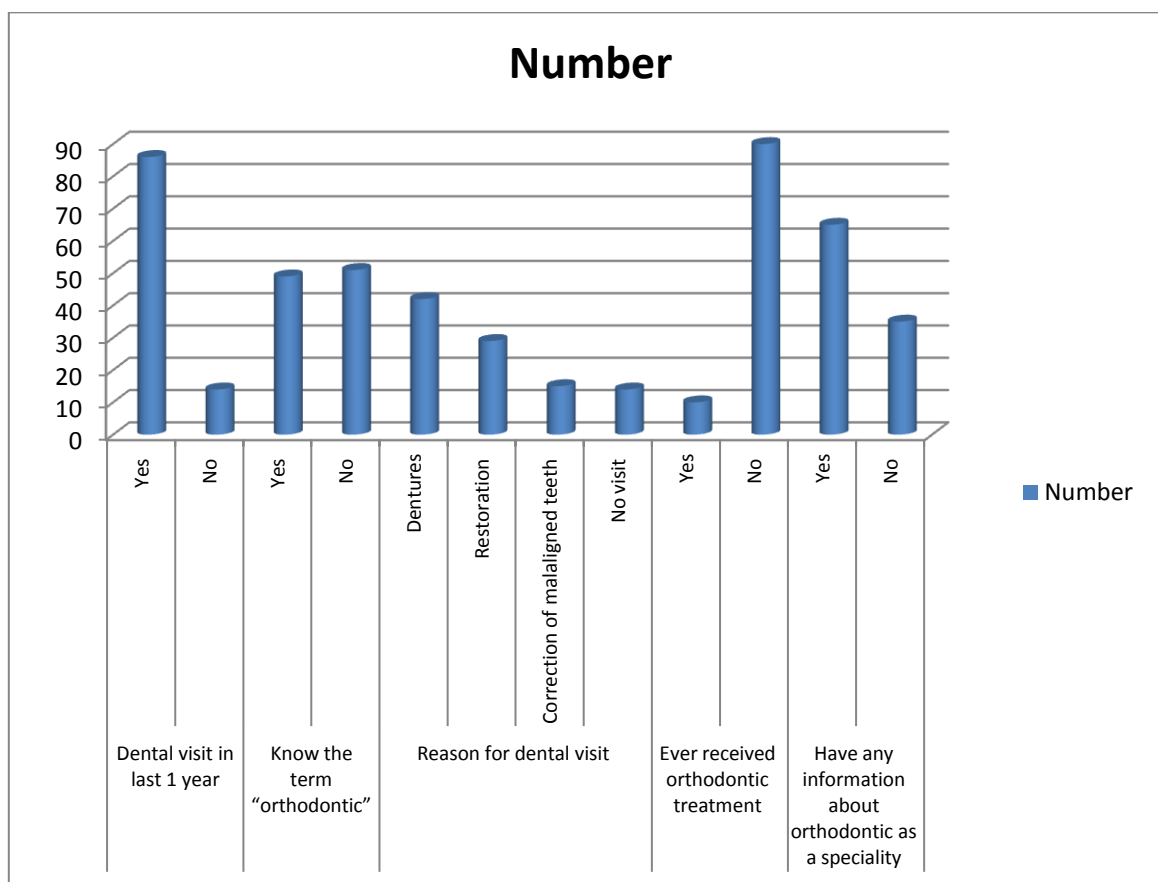
RESULTS

In the present study, a total of 100 rural participants were enrolled. Mean age of the participants was 29.6 years. 56 percent of the participants were males while the remaining were females. Out of 100 participants, 86 participants had a dental visit in the last one year. 49 percent of the participants were aware about the term “orthodontic”. 10 percent of the participants have received orthodontic treatment during their lifetime. 65 percent of the participants had any information about orthodontic as a speciality.

Table 1: Questionnaire

Questionnaire		Number
Dental visit in last 1 year	Yes	86
	No	14
Know the term “orthodontic”	Yes	49
	No	51
Reason for dental visit	Dentures	42
	Restoration	29
	Correction of malaligned teeth	15
	No visit	14
Ever received orthodontic treatment	Yes	10
	No	90
Have any information about orthodontic as a speciality	Yes	65
	No	35

Graph 1: Awareness of rural population about orthodontic as a speciality



DISCUSSION

Malocclusion can be defined as an occlusion with mal-relationship between the arches in any of the planes or anomalies in tooth position beyond the normal limits are considered one of the most common oral diseases. Maloccluded teeth can cause psychosocial problems related to impaired dentofacial aesthetics to patients; in addition, it can affect oral health by increasing the prevalence of dental caries and periodontal diseases as well as temporomandibular disorders. The etiology of malocclusion can be genetic or environmental and/or combination of both along with various local factors such as oral habits, like thumb sucking, early milk teeth extraction and tooth anomalies.⁷⁻⁹ Hence; the present study was undertaken among rural population in Karnataka for assessing awareness about Orthodontics as a speciality.

In the present study, a total of 100 rural participants were enrolled. Mean age of the participants was 29.6 years. 56 percent of the participants were males while the remaining were females. Out of 100 participants, 86 participants had a dental visit in the last one year. Essamet M et al assessed awareness and behavior related to orthodontic treatment. Self-reported questionnaires were distributed to be completed by the participants from the medical and health sciences and non-medical sciences students. Five hundred and ten (259 medical and 251 non-medical students (males 222 and 288 females) with age range 19-28 years completed the questionnaires. Totally, 69% males and 64.1 females scored highly in knowledge of orthodontic treatment. The corresponding rates regarding orthodontic related behavior were 39.8% males and 32.6% females, respectively. Oral health and its relation to orthodontic treatment was confirmed by 64.9% males and 59.6% females in knowledge of caries and the corresponding rates regarding gingivitis were 58.5% and 55.2% respectively. The scores on orthodontic treatment information were 50.1 males and 45.1 females, respectively. Awareness and knowledge of orthodontic treatment and related behavior were high but specific misconceptions exist.¹⁰

In the present study, 49 percent of the participants were aware about the term “orthodontic”. 10 percent of the participants have received orthodontic treatment during their lifetime. 65 percent of the participants had any information about orthodontic as a speciality. Adegbite K et al assessed the knowledge of orthodontics and the awareness of the effects of malocclusion on the general well-being, among medical students at the Lagos State University College of Medicine. A total of 85 medical students in the institution participated in the study. All participants were medical students. Majority (75.3%) were in their clinical years while 24.7% were in their

preclinical years. Only 45.9% of the respondents had heard of the term “orthodontics” and only 20% correctly answered that orthodontics involves malocclusion and its management. Concerning the treatment procedures used in orthodontic clinics, 54.1% of them selected rearrangement of teeth. When asked to identify the appliances used in orthodontics, 49.4% selected dentures, 40% selected removable appliances, and 57.7% selected braces. Most of the respondents (81.2%) agreed that as medical doctors they would refer patients for orthodontic care, while 3.5% were undecided and 15.3% disagreed. The students surveyed had limited knowledge of orthodontics as a specialty and also knew very little about the impact of malocclusion on the well-being of the individual.¹¹

CONCLUSION

Rural population had inadequate knowledge and awareness about the speciality “orthodontics”.

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