

Original Research

Myths and awareness among rural population about orthodontic extractions during fixed mechanotherapy

Dr Ganesh Prasad BR

Senior Resident, Department of Dentistry, Dr Chandramma Dayanand Sagar Institute of Medical Education and Research, Harohalli Hobli, Kanakapura Taluk, Ramanagara District, Karnataka

ABSTRACT:

Background: India being a developing country, there are still remote villages unaware of the advances in various fields; one such being orthodontics. Myths and misconceptions are present in all cultures, all professions, and on all subject matters. While some dental myths are provincial, others are heard everywhere. Hence; the present study was undertaken for assessing myths and awareness among rural population about orthodontic extractions during fixed mechanotherapy. **Materials & methods:** A total of 200 rural participants were enrolled in the present study. All the participants belonged in the age group of 20 to 50 years. A questionnaire was framed and was given to all the participants. Informed consent was taken from all the participants. Questionnaire consisted of questions pertaining to the myths and awareness of the participants in relation to orthodontic extractions during fixed mechanotherapy. **Results:** In answer to question "Is eye sight affected because of extraction", 57.5 percent of the subjects said yes. In answer to question "Does tooth extraction lead to systemic disorders", 46 percent of the subjects said yes. In answer to question "Extraction can lead to unaesthetic appearance", 37 percent of the subjects said yes. In answer to question "Does tooth extraction leads to severe malocclusion", 29.5 percent of the subjects said yes. In answer to question "Dental extraction is an extremely painful procedure", 66 percent of the subjects said yes. **Conclusion:** Rural aged is a deprived lot and a targeted program to infuse scientific dental practices in them is necessary. **Key words:** Orthodontic, Malocclusion, Myths

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Corresponding Author: Dr Ganesh Prasad BR, Senior Resident, Department of Dentistry, Dr Chandramma Dayanand Sagar Institute of Medical Education and Research, Harohalli Hobli, Kanakapura Taluk, Ramanagara District, Karnataka

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INTRODUCTION

India being a developing country, there are still remote villages unaware of the advances in various fields; one such being orthodontics. One of the most common dental problems in humanity along with dental caries, gingival disease, and dental fluorosis is malocclusion. However, malocclusion is still not considered to be a dental problem because more priority is given to the treatment of dental caries and periodontal diseases due to pain experienced by them. A malocclusion is defined as an irregularity of the teeth or a mal relationship of the dental arches beyond the range of what is accepted as normal. Maloccluded teeth can cause psychosocial problems related to impaired dentofacial esthetics. Malocclusion may also lead to problems of oral cavity (traumatic bite and cheek bite), and it may also be one of the factors for rejection during marriage proposals. The uptake of

orthodontic treatment is influenced by the desire to look attractive, self-esteem, and self-perception of dental appearance.¹⁻³

Culture is often defined as coherent, shared patterns of actions or beliefs specific to named groups of people that provide basic life roadmaps or social contexts, defining behavioral norms and interpersonal relationships as well as unwritten rules for proper living. Culture has its own influence on health and sickness. The influence of culture is seen in every discipline of health and medical practices, and dentistry is no exception. Society and culture, which are linked to behavioral patterns, largely influence the health outcomes of a population. Myths and misconceptions are present in all cultures, all professions, and on all subject matters. While some dental myths are provincial, others are heard everywhere.⁴⁻⁶ Hence; the present study was

undertaken for assessing myths and awareness among rural population about orthodontic extractions during fixed mechanotherapy.

MATERIALS & METHODS

The present study was undertaken for assessing myths and awareness among rural population about orthodontic extractions during fixed mechanotherapy. A total of 200 rural participants were enrolled in the present study. All the participants belonged in the age group of 20 to 50 years. A questionnaire was framed

and was given to all the participants. Informed consent was taken from all the participants. Questionnaire consisted of questions pertaining to the myths and awareness of the participants in relation to orthodontic extractions during fixed mechanotherapy. Questionnaire was done among rural population in Karnataka state to assess the myths present about Orthodontic extractions. All the results were recorded in Microsoft excel sheet and were analyzed by SPSS software.

RESULTS

A total of 200 subjects were enrolled. Mean age of the subjects was 41.6 years. 136 subjects were males while the remaining were females. In answer to question "Is eye sight affected because of extraction", 57.5 percent of the subjects said yes. In answer to question "Does tooth extraction lead to systemic disorders", 46 percent of the subjects said yes. In answer to question "Extraction can lead to unaesthetic appearance", 37 percent of the subjects said yes. In answer to question "Does tooth extraction leads to severe malocclusion", 29.5 percent of the subjects said yes. In answer to question "Dental extraction is an extremely painful procedure", 66 percent of the subjects said yes.

Table 1: Myths and awareness

| Myths and awareness | Yes | | No | |
|---|--------|------|--------|------|
| | Number | % | Number | % |
| Is eye sight affected because of extraction | 115 | 57.5 | 85 | 42.5 |
| Does tooth extraction lead to systemic disorders | 86 | 46 | 114 | 57 |
| Extraction can lead to unaesthetic appearance | 74 | 37 | 126 | 63 |
| Does tooth extraction leads to severe malocclusion | 59 | 29.5 | 141 | 70.5 |
| Dental extraction is an extremely painful procedure | 132 | 66 | 68 | 34 |

DISCUSSION

Ocular complications after oral and maxillofacial procedures have been reported in many publications. These complications can be because of administration of local anesthesia or extension of dental infections from maxillary teeth or other neighboring structures to orbital spaces and tissues surrounding eye. The prevalence of ocular complications is low in dentistry relative to other local anesthetic complications, as well as most complications are local and temporary. Indian population consists of people from different cultural backgrounds and there is a very strong influence of the various myths on health seeking behavior in our population. Myths are defined as stories shared by a group of people which are a part of their cultural identity. They have a strong influence in the life of individuals and their way of living including seeking treatment during illness. A taboo among many people that the removal of upper teeth affects vision is established in the general public very commonly. This kind of misconception is inherited due to false exaggerated information promulgated by those who had previous personal negative dental experiences. This might be attributed to lack of awareness, low educational levels, anxiety,

apprehension, and myths about dental treatment entrenched in their minds.⁶⁻⁹ Hence; the present study was undertaken for assessing myths and awareness among rural population about orthodontic extractions during fixed mechanotherapy.

A total of 200 subjects were enrolled. Mean age of the subjects was 41.6 years. 136 subjects were males while the remaining were females. In answer to question "Is eye sight affected because of extraction", 57.5 percent of the subjects said yes. In answer to question "Does tooth extraction lead to systemic disorders", 46 percent of the subjects said yes. Newadkar UR et al evaluated myths and misconceptions regarding the extraction of teeth and vision loss. A cross-sectional prospective survey targeting the general public was conducted using a self-administered questionnaire. A total of 300 standardized self-administered questionnaires were given and the data were analyzed. Out of 300 patients, 148 were educated and 152 were uneducated. The study population was analyzed based on their age, sex, and literacy, i.e. the level of education. Seventy-six percent of uneducated and 48% of educated groups had false belief of ocular complications followed by the removal of upper teeth and among

them uneducated females of older age group showed higher prevalence. The general public's knowledge about ocular complications due to tooth extraction in their study group is not adequate and needs improvement. Although the practice of informing by dentists is satisfactory, there is a need for creating awareness in the general public against such complications.¹⁰

In the present study, In answer to question "Extraction can lead to unaesthetic appearance", 37 percent of the subjects said yes. In answer to question "Does tooth extraction leads to severe malocclusion", 29.5 percent of the subjects said yes. In answer to question "Dental extraction is an extremely painful procedure", 66 percent of the subjects said yes. Saumyendra V Singh et al evaluated dental myths, oral hygiene methods, and tobacco habits awareness in a rural ageing population in the perspective of a changing India. The subjects were questioned about dental myths, tobacco habits, and oral hygiene methods and then divided into groups on the basis of age, sex, and educational status. The number of sound teeth in each subject was also counted. Forty percent of the subjects considered oral hygiene unnecessary, 60.8% of the population was relying on simple mouth rinsing for maintaining oral hygiene, 48% had either the habit of smoking and chewing tobacco or both and 81% of the subjects had one dental myth or the other.¹¹

CONCLUSION

It can be concluded that the rural aged is a deprived lot and a targeted program to infuse scientific dental practices in them is necessary.

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