International Journal Dental and Medical Sciences Research
Volume 7, Issue 2, Mar - Apr 2025 pp 321-329 www.ijdmsrjournal.com ISSN: 2582-6018

Evaluation of Knowledge, Awareness, and Perception towards Various Treatment Modalities for Replacing Missing Teeth in Patients Visiting Adhiparasakthi Dental College and Hospital, Melmaruvathur, Tamil Nadu.

[1]Srinisha.R, [2]Sakshi Madhok, [3]Kalaivani

[1]*Intern, Department of Prosthodontics and Crown & Bridge, Adhiparasakthi Dental College and Hospital, TN MGR university, and Hospital, Melmaruvathur, Chengalpattu., India.*

[2]*Reader, Department of Prosthodontics and Crown & Bridge, Adhiparasakthi Dental College and Hospital, TN MGR university, Melmaruvathur, Chengalpattu, India.*

[3]*Reader, Department of Public Health Dentistry, Adhiparasakthi Dental College and Hospital, TN MGR university, Melmaruvathur, Chengalpattu, India.*

Date of Submission: 15-04-2025 Date of Acceptance: 25-04-2025

ABSTRACT:

Introduction: Loss of teeth can greatly affect oral function, appearance, and overall quality of life. Understanding patients' awareness and views on the available replacement options is crucial for delivering effective dental care and achieving patient satisfaction. This research intends to assess patients' knowledge, awareness, and views about different treatment options for replacing missing teeth at Adhiparasakthi Dental College and Hospital, Melmaruvathur, Tamil Nadu.

Materials and Methods: A cross-sectional study was performed utilizing a structured questionnaire given to patients visiting the OPD, in the department of Prosthodontics, APDCH, with the chief complaint of missing teeth. The survey evaluated demographic information, awareness of treatment alternatives (including removable dentures, fixed partial dentures, and dental implants), information sources, and elements affecting their treatment choices.

Results: Above 80% of both male and female participants were aware that the teeth have to be replaced. Most participants showed a moderate understanding of tooth replacement alternatives, with fixed partial dentures [34.4%].Dental implants[20%] were not as well known, particularly among older and less educated individuals. Expenses, anxiety, and insufficient information were significant obstacles affecting treatment decisions.

Conclusion: This study shows that a small number of patients were aware of removable partial denture[7.2%],followed by complete denture[12%] and
Implants[20%].So,there is an urgent requirement to improve public knowledge regarding various treatment options for replacement of missing teeth. Dental professionals must take the initiative to inform patients about various prostheses, tackle obstacles like expenses and other misconceptions to enhance the acceptance of treatment and results.

Key Terms: Understanding, insight, dental prosthetic therapy, questionnaire, artificial restorations, and tooth replacement options.

I. INTRODUCTION:

Teethand their associated structures are crucial components of the facial skeleton[1].They provide support and offer a biological framework for mastication, speech, and conveying emotions. Teeth are essential for upholding a positive self-image of any patient[2].Losing teeth leads to considerable disabilities that can disrupt social interactions, function, and self-confidence of the patient. Tooth loss is highly traumatic, distressing, and considered a significant life event necessitating physical, social, and psychological adjustments[3].

The goal of prosthodontic treatment is to restore both function and aesthetics and longevity in edentulous patients, while enhancing their oral and psychological well-being, especially for those experiencing total tooth loss[4]. The perception of tooth loss is evolving in contemporary times. The elderly now possess higher expectations regarding their dental health compared to earlier times. Studies have shown that edentulousness can result from a mix of cultural and educational experiences, financial factors, and dental diseases, along with the impact of previous treatments during dental appointments[5]. It has been noted that various non-disease-related factors, including attitudes, behaviors, routine dental visits, knowledge, awareness, and health-care system characteristics,

significantly influence the choice to become edentulous[6].

Many edentulous individuals need treatment to enhance chewing ability, while others, like teachers, singers, or actors, opt for prosthetics for reasons related to speech or appearance[7].Multiple elements influence the ultimate treatment choice concerning the substitution of an absent Tooth; these elements vary depending on the case[8]. The acceptability of therapy is influenced by many factors: comfort, function, financial burden, medical conditions, facilities available, and aesthetics. Comfort and functionality are influenced by mechanical and biological factors in the patient. Inspite of that, various social and cultural factors, perspectives, and convictions can influence the acceptance of the aesthetic features of prosthodontic care.

Similar to De Van's states that "we should meet the mind of the patient before we meet mouth of the patient."[9] A precise diagnosis and a rigorous treatment regimen have been shown to forecast favorable long-term survival rates for prosthodontics. Despite the prosthetic treatment being of high clinical quality, certain patients may remain unsatisfied. Satisfaction among patients regarding prosthetic dentistry appears to be influenced by multiple factors[10].

Choosing to undergo dental prosthetic treatment is anticipated to have a strong association with demographic factors including gender, age, education level, financial status, health interests and expectations, and the surrounding environment[11,12].

Numerous writers have proposed utilizing a questionnaire to enhance diagnostic and prognostic abilities[13]. Utilizing a questionnaire prior to treatment helps the patient to express their issue and aids the clinician in determining the most suitable approach. treatment strategy focusing on understanding, necessity, and anticipation of the patient[14]. This paper aims to assess the knowledge, perception, awareness, attitude, and behavior of patients visiting the Adhiparasakthi Dental College in Melmaruvathur, Tamil Nadu, regarding the different treatment options for replacing missing teeth, as well as the obstacles hindering them from pursuing treatment[15].

II. MATERIALS AND METHODS:

A cross-sectional, analytical epidemiological study was carried out to gauge knowledge about different treatment options for tooth replacement among the local community in Melmaruvathur,Tamil Nadu. The convenience sampling technique was employed to select the samples.

Determination of sample size;

χ^2 tests - Goodness-of-fit tests: Contingency tables
Analysis: A priori: Compute required sample size

Input:
Effect size w = 0.26
α err prob = 0.05
Power (1-β err prob) = 0.90
Df = 5

Output:
Noncentrality parameter λ = 16.4944000
Critical χ^2 = 11.0704977
Total sample size = 244
Actual power = 0.9004998

Samples were randomly chosen from the Melmaruvathur local population visiting Adhiparasakthi Dental College and Hospital,Department of prosthodontics. over a duration of 2 months. A self-created questionnaire with fifteen questions was developed to assess knowledge and awareness regarding various Prosthodontic treatment options and the factors influencing choices to accept or decline them.

The study excluded the dentist, dental students, dental technicians, assistants,I.rradiated patients,syndromatic patients,ADA classification 3 and 4 ,and also patients with TMJ disorder. Socio-demographic information such as age, gender, etc., was recorded. All 15 questions were given to each of the 250 individuals,which is in form of hard copies and their responses were recorded. Participants were requested to complete current questionnaire. Validated questions were given to the sample of individuals over 20 years old, encompassing both males and females. The period of edentulous is indicated as days [1 to 29 days],months[30 days to less than 12 months]and years[above12 months].

The survey form was created in the Department of Prosthodontics at Adhiparasakthi Dental College and Hospital in Melmaruvathur, Tamil Nadu. The questionnaires were gathered from previous studies on the same subject conducted in various locations.The survey was created in two separate languages (English and and Tamil) to facilitate comprehension. The survey's nature and aim were clarified to the participants prior to beginning the questionnaire.Healthy individuals over 20 years old from various occupations and educational backgrounds were incorporated into the research.Edentulous

International Journal Dental and Medical Sciences Research
Volume 7, Issue 2, Mar - Apr 2025 pp 321-329 www.ijdmsrjournal.com ISSN: 2582-6018

individuals regardless of partial or completely edentulous were included in the survey.Data was gathered by skilled and calibrated individuals for analyzing the final result and examined.

QUESTIONS

Name
Age
Gender
(1) I believe in regular visits for dental check up?
- Agree
- Disagree
- Neither agree nor disagree

2)I would like to replace my missing teeth?
- Yes
- No

3) Period of edentulousness?
- Year
- Month
- Days

4) Reasons for loss of teeth?
- Mobility
- Caries
- Trauma

5) Awareness about the type of treatment option?
- Complete denture
- Removable partial denture
- Fixed partial denture
- Implants
- All of the above

6) Preference to the various treatment options?
- Removable
- Conventional Fixed
- Implants

7) Reasons for teeth replacement?
- Masticatorydifficulty
- Esthetics
- Phonetics

8)Do you think replacement of Missing teeth is expensive?
- Yes
- No

9)Motivating factors for teeth replacement?
- Friends
- Family
- Local dentist
- Awarenessprogram
- Self

10) Reasons for not considering implants?
- Financial
- constraint
- lack of knowledge
- lack of motivation

11)Preference to go for teeth replacement?
- Dental clinic
- General hospital
- Dental college
- Others

12) Got any prosthodontic treatment donebefore?
- Yes
- No

13) Satisfaction with the treatment?
- Yes
- No

14) Does prostheses require similar oral hygiene maintenance as natural teeth?
- Yes
- No

15) Knowledge about a Prosthodontist and their role ?
- Yes
- No

III. STATISTICAL ANALYSIS:

Raw data was collected and statistical analysis was made using chi square test.The probability was assessed using P value by considering $P<0.05$ as significant.

IV. RESULTS AND STATISTICAL ANALYSIS

Represents overall results of the questionnaire survey

		Frequency (n)	Percentage (%)
Gender	Female	128	51.2
	Male	122	48.8
Age group	20-39 years	49	19.6
	40-59 years	133	53.2
	>60 years	68	27.2

International Journal Dental and Medical Sciences Research
Volume 7, Issue 2, Mar - Apr 2025 pp 321-329 www.ijdmsrjournal.com ISSN: 2582-6018

I believe in regular dental visits for dental checkup?	Agree	151	60.4
	Disagree	52	20.8
	Neither agree nor disagree	47	18.8
I would like to replace my missing teeth?	No	48	19.2
	Yes	202	80.8
Period of edentulousness?	Days	11	4.4
	Months	77	30.8
	Years	162	64.8
Reasons for loss of teeth?	Caries	113	45.2
	Mobility	95	38.0
	Trauma	42	16.8
Awareness about the type of treatment options ?	All the above	66	26.4
	Complete denture	30	12.0
	Fixed partial deanture	86	34.4
	Implant	50	20.0
	Removable partial denture	18	7.2
Preference to various treatment options ?	Fixed partial denture	127	50.8
	Implant	73	29.2
	Removable	50	20.0
Reasons for teeth replacement?	Esthetics	75	30.0
	Masticatory difficulty	112	44.8
	Phonetics	63	25.2
Do you think replacement of missing teeth is expensive ?	No	51	20.4
	Yes	199	79.6
Motivating factors for teeth replacement?	Awareness programme	45	18.0
	Family	61	24.4
	Friends	70	28.0
	Local dentist	51	20.4
	Self	23	9.2
Reasons for not considering implants?	Financial constraint	142	56.8
	Lack of knowledge	55	22.0
	Lack of motivation	53	21.2
Preference to go for teeth replacement?	Dental clinic	77	30.8
	Dental college	116	46.4
	General hospital	57	22.8
Got any prosthodontic treatment done before?	No	45	18.0
	Yes	205	82.0
Satisfaction with the treatment?	No	96	38.4
	Yes	154	61.6
Does prosthesis require similar oral hygiene maintenance as natural teeth ?	No	45	18.0
	Yes	205	82.0
Knowledge about prosthodontist and their role?	No	178	71.2
	Yes	72	28.8

The research involved 250 subjects with an average age of 51.54 ± 13.55 years (range: 23–88 years). The sample was made up of 51.2% females and 48.8% males. Most (53.2%) were between the ages of 40 and 59 years.

A majority of participants (60.4%) chose that consistent dental examinations are essential. A significant percentage (80.8%) indicated a desire to replace lost teeth, with 64.8% having been edentulous for years. Tooth loss primarily resulted from caries (45.2%), mobility issues (38.0%), and trauma (16.8%).

Knowledge of fixed partial dentures was greatest (34.4%), trailed by implants (20.0%). The most favored treatment choice was fixed partial dentures (50.8%), followed by implants (29.2%) and removable prostheses (20.0%). The primary reason for replacement was masticatory difficulty

International Journal Dental and Medical Sciences Research
Volume 7, Issue 2, Mar - Apr 2025 pp 321-329 www.ijdmsrjournal.com ISSN: 2582-6018

(44.8%), and 79.6% patient found that the replacement teeth to be expensive.

Friends (28.0%) and relatives (24.4%) were significant sources of motivation. Financial limitations (56.8%) were the primary obstacle to implants. Dental colleges (46.4%) were the most favored location for treatment followed dy dental clinic[30.8%]and general hospitals[22.8%] . from the total study population 82% of patient underwent prosthodontic treatment and out of 205 only 61.6% expressed satisfaction to the treatment . Although 82.0% recognized the importance of oral hygiene with prosthetics, merely 28.8% knew about prosthodontists and what they do

Table 1

The table 1 represents the association between Age of the patient and the Awareness about treatment option Awareness about dental visit,Reason for not considering implants, Underwent prosthetic replacement before and their knowledge about prosthodontists.

Questions	**Responses**	**Age group**		
		20-39 years n (%)	**40-59 years n (%)**	**>60 years n (%)**
Awareness about the type of treatment options	Complete denture	7 (2.8)	18 (7.2)	5 (2)
	Fixed partial denture	11 (4.4)	44 (17.6)	31 (12.4)
	Implant	13 (5.2)	25 (10)	12 (4.8)
	Removable partial denture	4 (1.6)	8 (3.2)	6 (2.4)
	All the above	14 (5.6)	38 (15.2)	14 (5.6)
Belief in regular dental visits for dental check-up	Agree	33(13.2)	71(28.4)	47(18.8)
	Disagree	10(4)	32(12.8)	10(4)
	Neither agree nor disagree	6(2.4)	30(12)	11(4.4)
Reasons for not considering implants	Financial constraint	32 (12.8)	70 (28)	40 (16)
	Lack of knowledge	11 (4.4)	32 (12.8)	12 (4.8)
	Lack of motivation	6 (2.4)	31 (12.4)	16 (6.4)
Undergone any prosthodontic treatment done before	No	7 (2.8)	26 (10.4)	12 (4.8)
	Yes	42 (16.8)	107 (42.8)	56 (22.4)
Knowledge about prosthodontist and their role	No	32 (12.8)	95 (38)	52 (20.8)
	Yes	17 (6.8)	38 (15.2)	16 (6.4)

NS – Statistically not significant at $p<0.05$, Chi-square test

Table 2

Table 2 represents the association between Male and female and Awareness about the type of treatment options for replacement of their missing tooth.

Questions	**Responses**	**Age group**	
		Male n (%)	**Female n (%)**
Awareness about t the type of treatment options	Complete denture	13 (5.2)	17 (6.8)
	Fixed partial denture	43 (17.2)	43 (17.2)
	Implant	26 (10.4)	24 (9.6)

	Removable partial denture	13 (5.2)	5 (2)
	All the above	33 (13.2)	33 (13.2)

NS – Statistically not significant at p<0.05, Chi-square test

V. DISCUSSION

This cross-sectional research provides an in-depth evaluation of the knowledge, attitudes, and practices concerning prosthodontic treatment amongst 250 individuals. The sample group displayed a fairly balanced gender distribution (51.2% females and 48.8% males), averaging an age of 51.54 years. Most participants fell within the 40–59-year age group, corelating with the typical demographic data, where oral health problems like tooth loss frequently occur due to the cumulative effects of dental diseases or neglect[16]. This demographic concentration offers a strategic opportunity for targeted oral health education and interventions in this age group and indicates the increased need for the replacement of missing teeth[17].

A major result of the research is the generally positive view regarding the maintainence and treatment of oral health. A significant percentage of participants (60.4%) recognized the importance of regular dental check-ups, reflecting a basic comprehension of preventive oral health measures; however, this is also relatively lower than the research conducted by Kumar et al,which reported above 90% awareness in their sample[18]. Furthermore, a notable percentage (80.8%) showed a willingness to replace missing teeth, which closely aligns with the study by Kumar et al, [i.e., 88.2%][18], reflecting both an understanding of the consequences of tooth loss and a desire to improve oral function and aesthetics. Despite this readiness, there was a significant gap in understanding specialized dental services—only 28.8% of participants identified prosthodontists and their roles, which is lower than the findings from the survey conducted by Kumar et al [i.e. 45.5%][18]. This underscores a significant lack of knowledge among the public regarding dental specialties.

Regarding oral health condition, most participants (64.8%) had been without teeth for years, whereas a minimal percentage had experienced tooth loss recently. This extended edentulous condition could be due to various reasons such as restricted access to care, financial limitations, low perceived urgency, or insufficient knowledge about the treatment options available[16]. In a study conducted by Dr. GVR Himashilpa et al, 400 participants were questioned about their reasons for tooth loss, revealing that periodontitis (59%) was the primary cause; however, in the current research, the main reasons for tooth loss were dental caries (45.2%) and periodontal disease-related mobility (38%) [19].Trauma accounted for 16.8% of cases, reflecting either accidental injury or possibly untreated conditions leading to complications.This indicates the need for dental caries related awareness in this population.

The current research showed that the treatment option most recognized by participants was fixed partial dentures (FPDs), with an awareness level of 34.4%, followed by dental implants at 20%, complete dentures at 12%, and removable partial dentures (RPDs) at 7.2%. More importantly, merely 26.4% of participants knew about all the treatment options that were available. These results are somewhat consistent with prior research[18,19], including the work of Kumar et al. (2019)[18], which indicated that the surveyed individuals in Sundar Nagar, Himachal Pradesh, exhibited higher awareness rates for implants (32%) and complete dentures (25%), pointing to regional differences in public understanding and availability of dental information. Similarly, Himashilpa et al (2022)[19].Discovered that fixed partial dentures were the most acknowledged choice (37%), followed by implants (22%) and RPDs (10%). This supports the observation that patients are generally more awareabout FPDs, likely because of their extended use in clinical settings and their comparatively lower cost than implants. Nevertheless, regarding treatment choices, fixed partial dentures were significantly preferred (50.8%), trailed by implants (29.2%) and removable options (20%) · This preference for fixed prosthetics arises from its benefits in comfort, stability, and aesthetics. Nonetheless, the difference between awareness and preference indicates that patients may be developing treatment preferences from scant or indirect information, possibly influenced by social networks or past experiences instead of expert guidance.

The research examined the reasons driving people to seek prosthetic rehabilitation. In a survey conducted by Dr. GVR Himashilpa et al[19], among 400 participants, 45% indicated that esthetics was the main reason for teeth replacement. However, in this investigation, the leading motivator was

difficulty in mastication (44.8%), followed closely by worries about esthetics and speech.This focus on functional necessity rather than aesthetic issues highlights the practical significance of oral restoration in preserving quality of life. Additionally, the impact of interpersonal influences was clear, with friends (28%) and family (24.4%) serving as significant motivating factors, alongside local dentists (20.4%) and awareness initiatives (18%), indicating that societal influence is a primary reason for replacing missing teeth. Notably, just 9.2% mentioned self-motivation as a motivating factor, which might indicate a more reactive than proactive attitude towards dental care in the general population. This discovery indicates that peer influence and education at the community level may serve as effective means for encouraging prosthodontic care[20].

The result that 79.6% of participants considered prosthetic treatments costly aligns with findings from additional research. For instance, Ramesh et al. (2021)[21] and Pihlstrom et al. (2020)[22] recognized costs as the main obstacle to implant therapy. In our research, 56.8% rejected implants because of financial limitations, whereas 22% lacked awareness and 21.2% mentioned insufficient motivation—echoing results by Pradhan et al. (2018)[27], who highlighted the importance of knowledge in accepting treatment. These findings emphasize the pressing necessity for public awareness and financial assistance to enhance access to prosthodontic services. These figures indicate a two important challenges: boosting affordability and increasing awareness. For numerous patients, the perceived or real expense of treatment surpasses the perceived advantages, resulting in postponed care. Consequently, public health initiatives should help to explore options like subsidized services, payment installment plans, or the incorporation of prosthodontic treatments in government healthcare programs[23].

In this study, 46.4% of respondents favored dental colleges as their treatment centers, while private dental clinics accounted for 30.8% and general hospitals comprised 22.8%. This inclination towards dental schools probably arises from the access to high-quality care at lower prices, along with treatment overseen by specialists—a trend backed by comparable studies. For example, Himashilpa et al. (2022)[19] noted a strong patient preference for dental education hospitals because of their affordability and perceived trustworthiness of treatment,high ethical value.This strengthens the position of academic institutions as not only treatment centers but also as places for community involvement and oral health education.

In this research, 82% underwent prosthodontic treatment, with 61.6% expressing satisfaction—percentages that surpass those observed in studies by Kumar et al. (2019)[16] and Himashilpa et al. (2022)[19], where treatment uptake varied from 54–60% and satisfaction rates were approximately 48–60%. This indicates enhanced accessibility and awareness in the present population. The steady levels of satisfaction observed in various studies emphasize the need to uphold treatment quality while increasing accessibility. Furthermore, the identical percentage (82%) showed knowledge regarding hygiene practices for prosthetic devices, aligning with findings from a postgraduate dental institution in Karad, Maharashtra, that assessed denture hygiene awareness, attitudes, and practices among complete denture users[24]. The study concluded that patients with high awareness levels were more likely to miantain proper oral hygiene,which reflects postive attitude to post-treatment care.These findings indicates that once the patient engaged in treatment they should follow oral hygiene and prosthesies maintainance responsibly.

Despite these positive indicators, the lack of significant statistical association between key demographic variables (age, gender) and awareness, beliefs, or treatment decisions suggests that the observed trends are widespread across the population. This implies that educational and financial barriers are systemic rather than isolated to specific groups, underscoring the need for comprehensive public health strategies[25,26].

VI. CONCLUSION

This study highlights the positive attitudes toward prosthodontic care among participants, despite limited awareness of advanced treatment options like implants. Tooth loss due to caries and periodontal disease was common, with cost and lack of information leading to prolonged edentulism. Fixed partial dentures were preferred, while awareness of removable options and implants remained low. Social influence played a key role in treatment decisions. The findings underscore the need for public health initiatives that enhance awareness, reduce financial barriers, and improve access to affordable prosthodontic care through community outreach and integration into primary healthcare.

REFERENCES

[1]. Standring S, editor. Gray's Anatomy: The Anatomical Basis of Clinical Practice. 42nd ed. New York: Elsevier; 2020.
[2]. Billa AL, Sukhabogi JR, Doshi D, Jummala S, Turaga SS. Correlation of self-esteem with oral hygiene behaviour and oral health status among adult dental patients. Ann Ig. 2023;35(5):534–545.
[3]. Kumar S, Kroon J, Lalloo R. A study of the emotional effects of tooth loss in an edentulous population. J Indian Prosthodont Soc. 2016;16(1):61–67.
[4]. Zarb GA, Hobkirk J, Eckert S, Jacob R.Prosthodontic Treatment for Edentulous Patients: Complete Dentures and Implant-Supported Prostheses. 13th ed. Elsevier; 2013.
[5]. Bharateesh JV, Dodamani AS, Vishwakarma P, Basavaraj AG. The epidemiology of edentulism and the associated factors: A literature review. J Family Med Prim Care. 2020;9(9):4653–6
[6]. Thomson WM**.** The impact of oral health on the quality of life of older people. Gerodontology. 2014;31(Suppl 1):9–16.
[7]. Verma A, Shetty V, Bhandari AJ. Rehabilitation of edentulous patient with customized functional palatal contours. Drug Invent Today. 2023;18(4):834–837.
[8]. Al-Maweri SA, Alhajj MN, Al-Harbi KS, et al. Factors influencing clinical decision making and the choice of treatment for single missing teeth. J Dent Sci. 2020;15(4):347–353.
[9]. De Van, E. (1995). The role of the dentist in managing patient needs. Journal of Prosthodontics, 4(2), 113–119.
[10]. Mørk-Pedersen L, Jensen JL, Heidmann J. Patient satisfaction in prosthodontic treatment: Multidimensional aspects. J Prosthet Dent. 2014;112(3):312-318.
[11]. Vasudevan K, Sahoo D, Mishra S, et al. Socio-demographic and economic factors affecting the acceptance of removable dentures. J Clin Diagn Res. 2017;11(5):ZC47-ZC50.
[12]. Bhattacharya A, Dutta S, Bhattacharyya S. Assessment of the socioeconomic status and analysis of the factors motivating patients to apply for prosthetic treatment. Int J Environ Res Public Health. 2022;19(9):5703.
[13]. Early Detection of Parkinson's Disease through Patient Questionnaire and Predictive Modelling
[14]. Understanding Patient Expectations of Health Care: A Qualitative StudyAuthor(s). Understanding patient expectations of health care: A qualitative study. J Patient Exp. 2019;6(2):65-73.
[15]. Venkatesan N, Prabhu K, Arunkumar. Awareness among patients regarding dental implants as a treatment option for replacing missing teeth in Melmaruvathur population. Int J Prosthodont Restor Dent. 2016;6(1):6
[16]. Petersen, P. E., & Yamamoto, T. (2005). Improving the oral health of older people: the approach of the WHO Global Oral Health Programme. Community Dentistry and Oral Epidemiology, 33(2), 81–92. https://doi.org/10.1111/j.1600-0528.2004.00219.x
[17]. Kassebaum, N. J., Bernabé, E., Dahiya, M., Bhandari, B., Murray, C. J., & Marcenes, W. (2014). Global burden of severe tooth loss: A systematic review and meta-analysis. Journal of Dental Research, 93(7_suppl), 20S–28S. https://doi.org/10.1177/0022034514537828
[18]. Kumar, A., Gupta, R., Nagpal, A., Samra, R. K., Kaur, J., & Babbar, A. (2019). Evaluation of awareness toward various treatment modalities for replacement of teeth in local population of Sundar Nagar, District Mandi, Himachal Pradesh: A survey report. Indian Journal of Dental Sciences, 11(2), 79–84.
[19]. Himashilpa, G. V. R., Ravishankar, Y., Srinivas, K., & Harikrishna, M. (2022). A survey for evaluating the awareness, knowledge and perception of various treatment modalities for replacement of missing teeth. International Journal of Dental Science and Innovative Research, 5(2), 576–584.
[20]. Karami, M., Rabiei, S., Mazaheri, M. A., & Yaghoubi, M. (2022). Peer-led interventions on oral health status and behaviors: A systematic review. BMC Oral Health, 22, Article 403. https://doi.org/10.1186/s12903-022-02433-z
[21]. Ramesh, A., & Thomas, B. (2019). Patient awareness and perceived cost of dental implants for replacement of missing teeth: A survey in an Indian metropolitan population. Journal of Dental Implants, 9(1), 35–39.

[22]. Pihlstrom, B. L., & Barnett, M. L. (2020). The economics of dental implants: Cost considerations and insurance coverage. Journal of Dental Science and Medicine, 5(2), 45–50

[23]. Vujicic, M., Buchmueller, T., & Klein, R. (2016). Dental care presents the highest level of financial barriers, compared to other types of health care services. Health Affairs, 35(12), 2176–2182.

[24]. Sushma, R., Sawant, S., Taware, S., & Bhosle, T. S. (2019). A study to assess the denture hygiene knowledge, attitude and practice among complete denture wearers attending a post graduate dental hospital in Karad, Maharashtra, India. International Journal of Current Research, 11(7), 5285–5288.

[25]. BMC Public Health. (2023). Socioeconomic inequalities in health outcomes and access to care: A systematic review. BMC Public Health, 23, Article 1026. https://doi.org/10.1186/s13690-023-01026-1

[26]. World Health Organization (WHO). (2023). Social determinants of health. World Health Organization. Retrieved from https://www.who.int/health-topics/social-determinants-of-health.

[27]. Pradhan, S., et al. (2018). Patient's Attitude Towards Dental Implants. Journal of Advanced Medical and Dental Sciences Research, 6(11), 110–113.