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Exploring Patient Knowledge, Attitudes & Practices (KAP) and Utilization Patterns of Prosthetic Dental Services: Insights from the FNU Dental Teaching Clinic in Suva, Fiji Islands

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Abstract

Introduction: Tooth loss significantly impairs oral functions and reduces masticatory efficiency. Prosthodontic rehabilitation maintains the aesthetics, functional support, and masticatory function of the oral cavity. The study aims to assess the knowledge, attitude(s), and practice(s) (KAP) towards prosthodontic rehabilitation and utilization of prosthodontic services among patients visiting the Tuisuva Dental Teaching Clinic (TDTC) between the months of February to April 2022 at the School of Dentistry and Oral Health (SDOH), Fiji National University (FNU) in Suva, Fiji Islands.

Methods: A cross-sectional, self-designed questionnaire-based interview was conducted at TDTC among 83 patients visiting the clinic for teeth replacement using removable complete and partial dentures using a simple random sampling method. A questionnaire containing a total of 32 questions, of which 5 are demographic details, 11 knowledge-based, 8 attitude-based, and 8 practice-based questions, was developed to collect data. Participant responses were entered in Microsoft Excel and analyzed using Epi Info 7.2 Software.

Results: This study showed that participants' knowledge was inadequate and lacked in prime areas of oral health information, whereby 43.37% knew about removable partial dentures (RPDs), 34.94% knew about removable complete dentures while 13.25% did not know about both. The participants demonstrated a positive attitude towards treatment, whereby 72.29% were satisfied, while 16.87% weren't satisfied with their prosthesis. On the other hand, practice was shown to be insufficient, whereby participants stated that 65.06%wore their prosthesis, while 34.94% stated that they did not.

Conclusion: The findings demonstrated that knowledge might vary among participants based on demographic factors like income, education, gender, and age. Attitude varied from availability and socio-economic status; practice had factors such as cleanliness, duration of appliance, and hygiene practices. The study showed under-utilization of prosthodontic services resulting in patients not demonstrating the need to replace missing teeth in the oral cavity.

Keywords: Prosthodontic; Denture; Teeth; Knowledge; Attitudes; Practices

Introduction

The American Dental Association (ADA) defines "prosthodontics," as the branch of dentistry concerned with the diagnosis, treatment, planning, rehabilitation, and upkeep of patients' oral function, comfort, appearance, and health when those patients have clinical conditions linked to missing or inadequate teeth or oral and maxillofacial tissues. The oral prostheses replacing teeth may be removable complete dentures or partial dentures or permanently fixed tooth prostheses, connected to remaining teeth or implanted in the alveolar bone [1]. Prosthodontics also provides oral prostheses to correct

deformities, such as cleft palate, and to replace alveolar bone to provide underlying support for dentures [1]. Prosthetic treatment varies widely from replacement of missing teeth in a healthy incomplete dentition to complete rehabilitation of badly damaged teeth to functional form. Edentulous individuals are also at greater risk for different systemic diseases and an increase in mortality rate [2]. Multiple prosthetic options are available for the patient to restore lost teeth, including removable or fixed partial dentures, complete dentures, implant-supported processes and over-dentures [3]. Although complete dentures cannot be considered a substitute for natural dentition, they remain to be a staple treatment option for edentulous patients [2]. The percentage of edentulism has dropped in most Western countries over the past 20 years in each age group as more individuals are living longer with their natural teeth [4]. On the other hand, in less developed nations, where sore teeth are frequently pulled rather than treated conservatively, the rate of edentulism is still rising [3]. There is a case to be made that edentulism rates in emerging nations are unnaturally low because of shorter life expectancies and a correspondingly lower proportion of the elderly and extremely elderly [4]. In a study by Brown D. W. the percentage of edentulism among people 65 and older ranged from 1.3% to 78.0% among the 42 countries cited globally [5].

The cost of prosthodontic treatment depends on the type of treatment requested [6]. Therefore, understanding the patient's knowledge and attitude regarding prosthetic replacement prior to receiving therapy is essential, given the emphasis on patient-mediated concerns in prosthetic treatment planning [1,7]. This could be a useful technique for forecasting whether or not a new prosthesis will be satisfactory [8]. Moreover, due to financial constraints, many Fijians may opt to live with edentulousness rather than treat it. University teaching clinics such as the Tuisuva Dental Teaching Clinic (TDTC) in the School of Dentistry and Oral Health (SDOH) at the Fiji National University (FNU) and other primary dental health centres at the Ministry of Health and Medical Services (MoHMS) provide such services at a low cost. The changing perceptions associated with advancing age, such as the feeling of being too old to adapt to removable dentures and a lack of interest in aesthetics, can be a contributing factor to the unwillingness to restore lost teeth at an advanced age [9]. There has been no previous study conducted in Fiji that assessed the knowledge, attitude(s), and practice(s) (KAP) towards prosthodontic rehabilitation and utilization of prosthodontic services among its patients. In Fiji, financial issues and lack of knowledge among patients may lead to an ignorant attitude towards edentulism and its consequences. Another possible reason contributing to the non-uptake of prosthodontic services may be the absence of dental insurance in Fiji. However, there is a paucity of published data on the prevalence of edentulism and associated factors in the Fijian population, which gave an opportunity to conduct further research in this area, which plays a vital role in the lives of the edentulous people in receiving appropriate prosthodontic treatment.

Methods

Study design and sample

This was a qualitative cross-sectional study with a focus on assessing the KAP towards prosthodontics rehabilitation and the utilization of prosthodontic services among patients receiving and who have received removable prosthodontic denture treatment at SDOH Clinic. Demographic factors such as age, sex, educational status, and ethnicity affecting edentulism were assessed in patients receiving prosthodontic treatment services in Suva at the TDTC at SDOH, FNU. All patients that presented to the FNU TDTC and were seen by Bachelor of Dental Surgery (BDS) students in years 3, 4 and 5 for prosthodontic treatment from February to June 2022 as shown in Table 1 with the inclusion criteria for this study are the patients receiving removable prosthodontic treatment, removable prosthodontic appliance or fixed prosthodontic treatment, who are partially edentulous or completely edentulous, both male and female patients, ranging from 18-80+ in age and, patients with a history of wearing prosthesis. The exclusion criteria for this study are the patients with previous prosthodontic treatment and with temporomandibular joint disorders (Table 1).

Data collection tool

A questionnaire was developed, and patient interviews and, in some cases, phone calls were used to collect data. The principal investigator conducted in-person interviews with the patients while the patients waited for their dental visits. The interview guide was constructed based on the literature review and the research questions of the study. There were 4 sections of the questionnaire with a total of 33 questions, of which section 1 of the questionnaire had demographic information of the patient, including age, gender, location, ethnicity, and education level information on teeth comprising 5 questions. Section 2 had 11 questions centred on the knowledge of patients towards prosthodontic rehabilitation and utilization of prosthodontic services. Section 3 had 8 questions centred on the attitude of patients towards prosthodontic rehabilitation and utilization of prosthodontic services, and section 4 had 8 questions centred on the practice of patients towards prosthodontic rehabilitation and utilization of prosthodontic services having the medium of translation in English.

Study procedure

Prior to the start of the study, the College Human Health Research and Ethics Committee (CHHREC), FNU, and facility approval

from the Head of SDOH was sought. Patients were given a participation information sheet that outlined the details of the study. For patients phoned, the questions were asked after verbal consent was taken where there was a phone script prepared which was read out to the patients over the phone call. Subsequently, after reading the information sheet and understanding the interviewing process, the patient provided their consent to participate by signing the consent form prior to the start of the interview. For patients who were called via telephone, questionnaires and information sheets were read to them, and verbal agreement was obtained. The duration of the interview was 20-25mins which began with an introduction by the primary investigator to the patient, explaining the purpose and conveying the relevance of contribution to this study where all contributions were valued and remained confidential.

***Table 1*:** *Number of dental student cases.*

Students	Cases	Removable - Partial	Removable - Full/Full
BDS 3	30	15 units	15 cases
BDS 4	50	25 units	25 cases
BDS 5	75	25 units	50 cases

Table 2: *Demographic details of study participants (n=83).*

Demographic Variables		Number (n)	Percent (%)
Age	18-20	0	0
	21-30	1	1.20
	31-40	4	4.82
	41-50	10	12.05
	51-60	14	16.87
	61-70	51	61.45
	80+	3	3.61
Gender	Male	34	40.96
	Female	42	50.60
	Non-Specific	7	8.43
Residential Area	Urban	32	38.55
	Sub-urban	34	40.96
	Rural	17	20.48
Ethnicity	I-Taukei	37	44.58
	Fijian of Indian Descent	39	46.99
	Fijian of Chinese Descent	2	2.41
	Others	5	6.02
Highest education level	No education	27	32.53
	Primary School	37	44.58
	High School	18	21.69
	Technical and Vocational Education and Training (TVET)	1	1.20
	Diploma or Degree	0	0

Table 3: *Frequency of responses on knowledge related questions (n=83).*

Question		Number (n)	Percent (%)
Is there a need for tooth replacement	Yes	73	87.95
	No	3	3.61
	Don't know	7	8.43
Importance for tooth replacement	Eating	34	40.96
	Speaking	13	15.66
	Not important	19	22.89
	Appearance	13	15.66
Do you have missing teeth	Yes	82	98.80
	No	1	1.20
Missing teeth replaced	Yes	45	54.22
	No	35	42.17
	Cannot recall	3	3.61
If yes, which type of prosthesis	Complete denture	33	39.76
	Implant	0	0
	Partial denture No prosthesis	14 33	16.87 39.76
If No, what's the reason	Inadequate Knowledge	8	9.64
	No time	12	14.46
	Not motivated	4	4.82
	Financial constraints Have prosthesis	8 33	9.64 39.76
How many missing teeth	2--5	5	6.02
	5--10	21	25.30
	10--15	20	24.10
	15+	37	44.58
Which type of prosthesis do you know	Complete denture	29	34.94
	Removable partial	36	43.37
	Fixed partial	7	8.43
	None of the above	11	13.25
How long should dentures last	1-2 years	11	13.25
	2-3 years	20	24.10
	4-5 years	15	18.07
	5+ years	29	34.94
Review for denture important	Yes	56	67.47
	No	14	16.87
	Don't know	13	15.66
Do you know about dental implants	Yes	8	9.64
	No	75	90.36

Table 4: *Frequency of responses on attitude-related questions (n=83).*

Questions		Number (n)	Percent (%)
Is immediate replacement important	Yes	65	78.31
	No	2	2.41
	Don't know	16	19.28
Can you eat with the denture	Yes	54	65.06
	No	16	19.28
	Don't know	12	14.46
Are you satisfied with your speech	Yes	60	72.29
	No	14	16.87
	Don't know	8	9.64
Are you satisfied with your denture aesthetics	Yes	64	77.11
	No	12	14.46
	Don't know	6	7.23
Is there any discomfort with the denture	Yes	24	28.92
	No	50	60.24
	Don't know	8	9.64
How often is your dental visit	Regularly	8	9.64
	Irregularly	18	21.69
	Only during pain	57	68.67
Is regular visit to the dentist important	Yes	63	75.90
	No	13	15.66
	Don't know	7	8.43
Is visiting the dentist an easy process	Yes	47	56.63
	No	35	42.17
	Don't know	1	1.20

Table 5: *Frequency of responses on practice-related questions (n=83).*

Questions		Numbers (n)	Percent (%)
Preferred mode of replacement	Removable	58	69.88
	Fixed	8	9.64
	Don't know	17	20.48
How do you clean your dentures	Rinse only	25	30.12
	Brush only	8	9.64
	Brush and toothpaste	46	55.42
Are you wearing a denture	Yes	54	65.06
	No	29	34.94
Which type of denture	Removable	52	62.65
	Don't know	4	4.82
What is the duration of wearing	Less than 1 year	15	18.07
	1-5 years	24	28.92
	5-10 years	12	14.46
	Don't know	6	7.23
How often do you clean your denture	Once	15	18.07
	Twice	31	37.35
	More then twice Don't know	22 15	26.51 18.07
Which part do you clean	Front only	2	2.41
	Back only	19	22.89
	Front and back	49	59.04
Is cleaning like natural tooth	Yes	51	61.45
	No	23	27.71
	Don't know	9	10.84

Table 6: *Percentage distribution of utilization of prosthodontic services at SDOH dental teaching clinic, FNU.*

Variables		Frequency (n)	Percentage (%)
Missing teeth	Yes	45	54.22
	No	35	42.17
	Don't know	3	3.61
Is immediate replacement important	Yes	65	78.31
	No	2	2.41
	Don't know	16	19.28
How often is your dental visit	Regularly	8	9.64
	Irregularly	18	21.69
	Only during pain	57	68.67
Is regular visit to the dentist important	Yes	63	75.90
	No	13	15.66
	Don't know	7	8.43
Preferred mode of replacement	Removable	57	69.88
	Fixed	8	9.64
	Don't know	17	20.48
How often do you clean your dentures	Once	15	18.07

	Twice	31	37.35
	More than twice	22	26.51
	Don't know	15	18.07

Table 7: *Percentage distribution of barriers to utilization of Prosthodontic services at SDOH dental teaching clinic, FNU.*

Variables		Frequency (n)	Percentage (%)
Is there a need for tooth replacement	Yes	73	87.95
	No	3	3.61
	Don't know	7	8.43
Importance of tooth replacement	Appearance	13	15.66
	Eating	34	40.96
	Oral Health Speaking Prevent teeth drifting Not important	2 13 2 19	2.41 15.66 2.41 22.89
What is the reason for not replacing teeth	Inadequate knowledge	8	9.64
	Not Motivated	4	4.82
	No time Scared of treatment Financial constraints Others Have prosthesis	12 0 8 3 48	14.46 0 9.64 3.61 57.83
What type of prosthesis do you know	Complete denture	29	34.94
	Removable partial	36	43.37
	Fixed partial Don’t know	7 11	8.43 13.25
Is review important	Yes	56	67.47
	No Don’t know	14 13	16.87 15.66
Do you know about fixed prosthesis	Yes	8	9.64
	No	75	90.36
Are you wearing a denture	Yes	54	65.06
	No	29	34.94

Data management and analysis

Once data was collected, it was entered into MS Excel, and a backup was made online, which the primary investigator and the research supervisors could only access. The collected data was then entered into Epi Info 7.2 software for backup and storage. Relevant codes were used to label the data to increase efficiency. Participant responses were categorized from the questionnaire, which was divided into the 3 main branches for this research: knowledge, attitude, and practice. Furthermore, all answered questionnaires were given a unique code/number to reduce biases.

Ethical considerations

CHHREC of the FNU approved the study (Reference: 019.22). Confidentiality of participants were strictly ensured by removing any form of identifier such as name or student identification number. The purpose and nature of the study were explained to the participants verbally via telephone and face-to-face to patients, and voluntary informed consent was obtained, respectively, prior to the commencement of the interview. Participation in the study was voluntary and participants were informed of their right to participate or withdraw their participation during the course of the study. All consent forms

were kept in a sealed envelope and stored in a locked file cabinet, and the information from the questionnaires was kept secured and password protected. This study had a very low risk of harm. However, proper management was taken of the data being collected, ensuring no participant information was revealed. These documents of the study would be retained for 1 year after which it would be destroyed by shredding.

Results

The sample as shown in Table 1 consisted of 40.97% male, 50.60% female and 8.43% non-specific respondents. It was noted that 61.45% of the participants were between the ages of 61-70 years old while 16.87% were from 51-60 years old. Regarding educational background, 44.58% of the participants stated that they had only attended primary school. In terms of ethnicity, 46.99% of the participants were Fijian of Indian descent (FID) while 44.58% were I-Taukei. Furthermore, 40.96% of the participants were from sub-urban residential areas, while 38.55% were from urban (Table 2).

Table 3, illustrated below, highlights the assessment of knowledge in frequencies among patients who participated in the study. There was 87.95% of participants who felt there was a need to replace missing teeth, whereas 3.61% didn't agree. 40.96% of the participants chose to eat as the main reason for replacing missing teeth, while others chose appearance 15.66%, speaking 15.66% together with 22.89% of participants who thought it was not important to replace teeth. Of the 83 participants, 98.80% had missing teeth, from which 54.22% had those missing teeth replaced and 42.17% did not. Furthermore, 54.22% of participants who had replaced missing teeth were wearing removable prostheses, with 39.76% removable complete dentures and 16.87% removable partial dentures. From the 42.17% who did not replace the missing teeth, the most common response was inadequate knowledge (9.64%), followed by no time (14.46%). Of the participants who had missing teeth, most had more than 15 missing teeth (44.58%). In terms of being aware of prostheses, the majority of participants chose to know about removable partial dentures (43.37%), while 34.94% knew about complete removable dentures, and 13.25% had no information. In terms of denture longevity, participants were asked how long a denture should last, whereby 34.94% stated more than 5 years, while 24.10% stated 2-3 years and 18.07% for 4-5 years. When asked about the relevance of denture review, 67.47% of the participants stated yes. Furthermore, 90.36% of respondents were not aware of dental implants, while 9.64% knew (Table 3).

Table 4, illustrated below, reveals the participant's attitudes towards prosthetic treatment. Most participants (78.31%) highlighted the need for immediate replacement while 2.41% disagreed, and 19.28% were not sure what to say. Additionally, participants were also asked multiple questions regarding their existing dentures, whereby 65.06% of the participants stated they could eat with their present dentures, while 19.28% disagreed. Moreover, in terms of speech, 72.29% of the participants said they were satisfied, while 16.87% said they were not satisfied. Additionally, based on the aesthetic of the dentures, 77.11% of participants mentioned yes while 14.46% stated no. Furthermore, when asked about discomfort with dentures, 60.24% of the participants stated no while 28.92% said yes. To add on, 68.67% of the participants stated they only made dental visits for pain, while only 9.64% mentioned making dental-related visits regularly. Based on visitations to a dentist being an easy process, 56.63% responded in favour, while 42.17% stated it was not. When it came to knowing if regular visits to the dentist were important, 75.90% of the participants agreed, while 15.66% disagreed (Table 4).

Table 5 illustrates the frequency of the participants on practice-related questions where they were asked about their preferred mode of replacement for missing teeth. 69.88% of the participants preferred removable dentures while 20.48% did not know the options. When looking at the mode of cleaning prostheses, 55.42% used a brush and toothpaste, whereas 30.12% preferred the rinse method. Moreover, when asked about wearing a denture, 65.06% wore one, while 34.94% stated they did not. Based on the type of prosthesis, 62.65% of the participants mentioned about removable dentures, while 4.82% did not know. 28.92% of the participants wore their dentures from a year to 5 years, whereas 18.07% wore less than a year and 14.46% from 5-10 years. In relation to cleaning of dentures, 37.35% said they cleaned it twice a day. Not only were they asked how often they clean their denture, but also which part they clean it which highlighted that 59.04% of the participants cleaned from front and back. When asked if cleaning their denture is the same as natural teeth, 61.45% stated yes, while 27.71% mentioned no, with 10.84% stating they did not know (Table 5).

Table 6, presented below, shows the distribution of the utilisation of prosthodontic services at the dental teaching clinic. From the questionnaire, several questions were picked to determine the utilisation of services. It has been highlighted that 54.22% of the participants had missing teeth, from which only 78.31% agreed that the immediate need for replacement is important, while 19.28% did not know whether to replace or not. Moreover, 68.67% of patients visit the dentist when they have pain, and 75.90% feel that regular visitations to the dentist are important. From this, we can deduce that even though patients have missing teeth and feel like replacement is important, they visit the dentist when they have pain. Therefore, under-utilization of the services provided to prevent dental pain. In addition, the participants were also asked their preferred mode for tooth replacement; 69.88% had chosen removable, while 20.48% didn't even know the options. When participants were asked how often denture hygiene

is performed, 37.35% stated twice a day while 26.51% of the participants mentioned more than twice. This shows us that participants didn't know the options for tooth replacement which led to under-utilization of prosthodontic services (Table 6).

Barriers prevent utilisation of prosthodontic services which is demonstrated in Table 7. Participants were asked if there was a need for tooth replacement; 87.95% said there was, while 8.43% did not know. When considering the importance of tooth replacement, 40.96% were for eating while 22.89% stated it was not important. Furthermore, the main reason for not replacing teeth with 14.46% was no time. Therefore, while the majority of the participants agreed that there is a need for replacement, the majority were replaced due to eating, while the other participants thought it was not important, with the main reason being having no time. This becomes a barrier to utilize services for prosthodontic rehabilitation. When asked which prosthesis they are aware of, 43.37% of the responses were removable partial dentures. Furthermore, when asked if review was important, 67.47% said it was while 16.87% of the participants stated no. Asking about fixed prostheses, 90.36% of participants did not know about them. It was also noted that 65.06% of the study group was wearing dentures while 35.94% did not. This inadequate knowledge of the type of prosthesis is a major contributor to a barrier to the under-utilization of services. It was also seen that 34.94% of participants were not wearing a denture, and it was also generally seen that 16.87% did not agree that review was important. This is the majority contributor to barriers affecting the proper utilisation of prosthodontic services (Table 7).

Discussion

This study assessed the knowledge, attitude, and practice of patients towards prosthodontic rehabilitation. It revealed that the majority of the patients knew about their missing teeth, but only a certain percentage (39.76%) had replaced them. This was mainly due to financial reasons (9.64%) or lack of time (14.46%). It also showed that the majority only knew about removable prostheses, whilst only a few knew about fixed prostheses. Furthermore, this study also focused on the utilisation of prosthodontic services among patients. This study showed that the majority did not fully utilise the services provided. The outcomes of this research showed the knowledge profile of the study population was insufficient with respect to the placement of lost teeth. The probable reason could be that 44.58% parts of the population just received primary education. This was similar to a study by Marcus et al, whereby it was found that lack of education is correlated to a lack of awareness about the importance of oral health, and the consequences of neglect appear to constitute a barrier to using dental health care services [10]. The study revealed that 99% of participants had missing teeth, with 45% having more than 15 teeth missing. It was also seen that 54.22% of them had favourable attitudes toward replacing missing teeth. This conclusion was comparable to that of Nirmala et al, who found that the survey respondents were aware of the need for tooth replacement [11]. Mostly because of inadequate knowledge, no time and economic reasons, the majority did not receive therapy [12]. In a study by Shetty et al, the main reason for not replacing the missing teeth was no felt need for the participants to replace missing teeth [13]. Contrasting results were reported in an earlier study conducted by Reddy, in which financial constraints were the least common reason to replace missing teeth and inadequate knowledge was the most common reason for non-replacement [14]. The results showed that individuals' attitude profiles revealed that 69% of participants visit the dentist when they experience pain, while 10% have regular dental visitations. They were also asked if regular dental visits were important; 76% said it was important, while 16% didn't. This was due to coming to the dentist being an easy process, thus advancing caries progress and eventually leading to tooth loss. In another study, Pallegdara & Ekanayake came to the conclusion that altered perceptions brought on by advancing age, such as the belief that one is too old to adapt to dentures and artificial teeth and a lack of interest in appearance, maybe a factor in people's reluctance to replace missing teeth as they age [9].

According to responses on denture cleanliness care, 81.93% of respondents had a positive outlook and believed that maintaining prosthesis hygiene was crucial. In comparison to Amjad & Aziz (2014), reported similar outcomes from the study undertaken in Pakistan. When the question of prosthesis maintenance was posed, the authors reported receiving a 97.5% positive response [15]. The participants were asked how often they perform denture hygiene, the majority answered they clean twice a day (37%) while some said they cleaned more than two times a day (27%). Utilization is conceived as the received amount of care; the most common measure is the annual number of dental visits per person. Usually, there is a presumption that a high level of utilization in a population has a positive correlation with oral health. Other studies suggested that dental treatments may be performed as a result of iatrogenic injuries and are also related to the so-called supplier-induced demand [16,17]. Oral health is also likely to affect utilization in a reverse relationship, meaning that good oral health is closely related to a high level of utilization of dental services. Several studies indicate that edentulism per se is related to a low level of utilization [16-18]. Extensive prosthodontic treatments will require maintenance. The need for maintenance is usually higher for removable prostheses than for fixed prostheses, and several studies indicate excellent long-term survival rates following treatment with fixed prostheses [18]. The process, from the recognition of a need to its utilization, can be influenced by social and economic factors. Evidence suggests that the use of

dental services may be adversely affected by the current national economic downturn. Even in systems that offer financial assistance, people with low incomes use dental services less frequently and spend less on them than people with higher incomes [19]. The most common reason given for not getting dental care is the cost. However, research shows that offering free or greatly reduced services has little impact on uptake. On the other hand, attitudes regarding expenditures may be associated with the use of dental treatment [20]. Moreover, it can be seen when comparing to this study, it was seen that participants only visited the dentist when they had pain, this could relate to their financial status. Regular visits often take time from a person's day, which is spent at work. Therefore, a fast solution to a toothache is a route taken; this is evident from the majority of the participants having missing teeth. The most common barriers to receiving dental care, according to the caregivers in this study by Alfaraj et al. were lack of time on their part, poor design, and environment of the dental clinic, transportation issues, the special healthcare needs person's medical health status, which prevents him/her from receiving immediate dental care, and the dental clinic's location is too far from the intended special healthcare needs person. Obstacles included unfriendly and inexperienced dental staff, cost and financial difficulty, fear of the dentist, communication problems between the dentist and the person with a special need, difficulty getting dental appointments, and a lack of dental care facilities to accommodate people with special needs [21]. These barriers are congruent with those reported by, Al-Shehri and Alumran which can be grouped into those relating to special healthcare needs individuals' ability to physically access dental facilities, inability to afford dental services due to high costs of treatment and insufficient financing for dental treatment, and the preparedness and willingness of dentists and dental nurses to treat special healthcare needs individuals [22,23]. Patients were unable to take advantage of treatment because they were unaware of the several prosthodontic treatment alternatives available. According to studies by Menezes M, Van Twillert and Zitzmann dental camps and prosthodontic outreach programs are a potential strategy to alter attitudes, raise awareness, and impart knowledge about the various options for replacing missing teeth [24-26].

Limitations of the study

Some limitations that were identified while undertaking the study were: participation level was limited despite the sample size of the study; the findings of this study cannot be applied to the entire Fijian population because it was a cross-sectional study carried out in one of the country's dental teaching clinics; this study was likewise a survey that relied significantly on participants' recollection and the responses they supplied when filling out the questionnaire; post Covid-19, patients were reluctant for a face-to-face interview; seeking consent over the phone when unable to meet the patients face-to-face; due to the nature of the study data collections method, it was done based on participants' availability.

Conclusion

Knowledge, attitude, and practice regarding prosthodontic rehabilitation were poor among the study participants. Financial constraints and lack of time were the main factors for not undergoing prosthodontic rehabilitation. This study showed participants had inadequate knowledge based on oral health and the various prosthetic treatment options available, many of which had more than 15 missing teeth. Moving on, attitude showed to be partially known and practised. Many of them knew why they had gotten a prosthesis and that replacement was important. In terms of practice, this was seen as insufficient as participants didn't know how to perform denture hygiene as well as the frequency of it. In conclusion, the findings show that the majority of patients were between the ages of 60 and 70, and nearly all of them had missing teeth. Based on these findings, we can conclude that patients can have their teeth replaced if they have the proper mindset and knowledge to comprehend the various treatment options available. Since many participants had little knowledge about the types of prostheses available, their choice was confined to the ones they had heard about or seen previously. It was also observed that patients' main concern for prostheses was eating rather than oral health or speech, as they only visit the dentist when there is pain.

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