



Attitude and Knowledge of Orthodontics among Egyptian Patients: A Cross-Sectional Survey

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ABSTRACT

Purpose: This study was designed to assess the attitude and level of awareness of patients toward malocclusion and orthodontic treatment. **Materials and methods:** The study consisted of a sample of 237 (113 males and 124 females) outpatients attending the dental clinics of Ahram Canadian University. A questionnaire containing 15 questions concerned with the knowledge and attitude regarding orthodontics was filled and the survey data was collected. Simple descriptive statistics was used to compare questionnaire responses for the whole sample, while Chi-square tests were applied for gender comparison. **Result:** There was a significant difference between male and female awareness. The descriptive statistics showed that patients had higher level of knowledge for questions regarding orthodontics as a specialty, but lower level of knowledge for questions regarding malocclusion. **Conclusion:** Females were found to be keener to undergo orthodontic treatment than males. Cost and duration of treatment may present as barriers for orthodontic treatment. Also, there was deficiency in the information related to the ill effects caused by malocclusion and oral habits.

INTRODUCTION

Malocclusion is one of the most common dental problems that has an increasing prevalence ⁽¹⁻⁷⁾ It may cause many ailing effects such as poor esthetics, functional limitations, speech defects as well as increase in the prevalence of dental caries and periodontal disease ⁽⁸⁻¹³⁾. Occlusion has also a significant influence on how individuals perceive and evaluate other individuals ^(14,15). Several studies concluded that young adults presenting severe malocclusion had a higher prevalence of poorer oral esthetics accompanied with poorer self-perception ⁽¹⁶⁻¹⁹⁾. Therefore, providing proper orthodontic treatment has many positive effects on improving the quality of life ⁽²⁰⁻²²⁾.

KEYWORDS

*Orthodontic awareness,
orthodontic treatment,
orthodontic knowledge,
people's perception.*

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The orthodontic treatment isn't defined only by the orthodontist, but also by the patient's perception of self-esteem and self-concept⁽²³⁾. Hence, in order to increase the effectiveness of orthodontic treatment, patients' co-operation is needed⁽²⁴⁾. The individual's perceptions of malocclusion and orthodontic treatment should be correlated with the actual clinical status in order to achieve more satisfactory treatment results⁽²⁵⁾.

Oral health knowledge is an important prerequisite for health-related behavior⁽²⁶⁻²⁸⁾. Patients' perceptions of orthodontics which include malocclusion and orthodontic treatment have a significant importance in determining treatment demand and collaboration with the orthodontist⁽²⁹⁻³¹⁾. The main cause for the lack of orthodontic treatment for patients with malocclusion is the lack of information about the malocclusion and lack of awareness about the benefits of treatment⁽³²⁻³⁴⁾. The more aware the patients are of their dental problems and orthodontic treatments, the more will be their demand for a better quality of life and better co-operation during treatment⁽³⁵⁻³⁸⁾. Therefore, a conducted survey to assess the knowledge and attitude of patients about orthodontics is beneficial for better understanding and hence better planning for increasing the level of knowledge and reaching a more relevant attitude for patients.

The goal of this study is to evaluate the knowledge and attitude of patients, visiting dental clinics in Ahram Canadian University, toward orthodontics which includes malocclusion and orthodontic treatment.

MATERIALS AND METHODS

Ethical clearance was obtained and the research approved by the Institutional Review Board Organization IORG0010868, Faculty of Oral and Dental Medicine, Ahram Canadian University by the research number IRB00012891 #10.

A cross-sectional study was carried out including a sample size of 237 (113 males and 124 females) outpatients attending the dental clinics in Ahram Canadian University. Epi-calc 2000 was used to calculate the sample size of the study. Assuming 80% power and 0.05 level of significance⁽³²⁾.

Inclusion Criteria⁽³⁵⁾:

1. Patients in the age group of 18-25 years.
2. Patients that received or did not receive orthodontic treatment

Exclusion criteria⁽³⁵⁾

1. Mentally compromised patients
2. Patients not fitting in the age group

A questionnaire consisting of two parts was used to collect data from patients⁽³⁵⁾. The first part included the questions related to the demographic information of participants, such as age and gender. The second part consisted of a validated questionnaire that was comprised of 15 questions related to malocclusion and orthodontic treatment (table 1). The response of patients was in a form of three choices (Yes- No –Don't know). The questions were written in the English language and were explained to the patients in the Arabic language; therefore 10 questionnaires were used to check the validity and reliability of this method.

Statistical Analysis

The survey data was collected and organized into Microsoft Excel spreadsheets and the data was tabulated and computed in percentage using SPSS software version 24. Simple descriptive statistics were applied to describe the study variables and the Chi-square-test used for comparison of proportions with $P < 0.05$ considered statistically significant.

Table (1) *Questionnaire*

Questions	Yes	No	Don't Know
Q1. Have you noticed people having irregular teeth?			
Q2. Have you heard of an orthodontist before?			
Q3. Do you know that irregular teeth can be aligned?			
Q4. Do you know the ill effects of irregular teeth?			
Q5. Are you aware that sometimes few teeth may have to be removed for aligning irregular teeth?			
Q6. Do you know that oral habits have ill effects on teeth?			
Q7. Have you noticed people wearing braces?			
Q8. Do you know the duration for braces is longer than other dental treatment?			
Q9. Are you aware that oral habits can be treated using orthodontic treatment?			
Q10. Are you aware about wearing retainers after aligning teeth?			
Q11. Are you aware that orthodontic treatment is costly?			
Q12. Were the braces a problem during your marriage proposal?			
Q13. Did you face any problem during marriage proposal due to misaligned teeth?			
Q14. Have you taken orthodontic treatment?			
Q15. After orthodontic treatment did you notice any change in your personality?			

RESULTS

The attitude and knowledge among participants toward malocclusion and orthodontic treatment was expressed in table 2. A total of 63.7% participants had not received orthodontic treatment, 21.1% had not seen people wearing braces, while 23.2% had not heard of an orthodontist before. 13.9% of participants did not notice other people having irregular teeth and 42.2% of participants did not know the ill effects of irregular teeth.

29.5% of participants did not know that irregular teeth can be aligned, while, 40.5% of participants weren't aware that sometimes few teeth may have to be removed for aligning irregular teeth. A total of 46% did not know that oral habits have ill effects on teeth and 48.9% weren't aware that oral habits can be treated using orthodontic treatment.

50.6% of participants knew that the duration for orthodontic treatment was longer than other dental treatments, 40.9% were aware about wearing retainers after aligning teeth and 71.7% were aware that orthodontic treatment is costly.

Regarding the attitude of participants toward orthodontic treatment, 25.7% had problems during their marriage proposal due to misaligned teeth, while 24.1% of participants had problems during marriage proposal due to wearing braces and 25.7% noticed positive changes in their personality after orthodontic treatment.

When the responses to questionnaires were compared between genders as represented by table 3 and figure 1, there was a significant difference in the number of females that had undergone orthodontic treatment than males. As shown in figure 2 and 3, responses appeared to have significant differences between males and females in that females had heard about orthodontists and had noticed people with braces more than males did. As represented in figure 4 and 5, it was also evident from the results that females significantly had more knowledge that irregular teeth can be treated by orthodontics and that retainers are used after orthodontic treatment than males had.

Table (2) *Knowledge and attitude of patients towards orthodontic treatment*

Questions		Number of participants	Percentages
Q1. Have you noticed people having irregular teeth?	Yes	190	80.2%
	No	33	13.9%
	Don't know	14	5.9%
Q2. Have you heard of an orthodontist before?	Yes	175	73.8%
	No	55	23.2%
	Don't know	7	3.0%
Q3. Do you know that irregular teeth can be aligned?	Yes	145	61.2%
	No	70	29.5%
	Don't know	22	9.3%
Q4. Do you know the ill effects of irregular teeth?	Yes	97	40.9%
	No	100	42.2%
	Don't know	40	16.9%
Q5. Are you aware that sometimes few teeth may have to be removed for aligning irregular teeth?	Yes	116	48.9%
	No	96	40.5%
	Don't know	25	10.5%
Q6. Do you know that oral habits have ill effects on teeth?	Yes	119	50.2%
	No	109	46.0%
	Don't know	9	3.8%
Q7. Have you noticed people wearing braces?	Yes	173	73.0%
	No	50	21.1%
	Don't know	14	5.9%

Questions		Number of participants	Percentages
Q8. Do you know the duration for braces is longer than other dental treatment?	Yes	120	50.6%
	No	82	34.6%
	Don't know	35	14.8%
Q9. Are you aware that oral habits can be treated using orthodontic treatment?	Yes	81	34.2%
	No	116	48.9%
	Don't know	40	16.9%
Q10. Are you aware about wearing retainers after aligning teeth?	Yes	97	40.9%
	No	100	42.2%
	Don't know	40	16.9%
Q11. Are you aware that orthodontic treatment is costly?	Yes	170	71.7%
	No	38	16.0%
	Don't know	29	12.2%
Q12. Were the braces a problem during your marriage proposal?	Yes	57	24.1%
	No	96	40.5%
	Don't know	84	35.4%
Q13. Did you face any problem during marriage proposal due to misaligned teeth?	Yes	61	25.7%
	No	110	46.4%
	Don't know	66	27.8%
Q14. Have you taken orthodontic treatment?	Yes	84	35.4%
	No	151	63.7%
	Don't know	2	0.8%
Q15. After orthodontic treatment did you notice any change in your personality?	Yes	61	25.7%
	No	113	47.7%
	Don't know	63	26.6%

Table (3) *Comparison of responses to questions between genders*

Questions		Male		Female		Chi-Square	P value
		N	%	N	%		
Q1. Have you noticed people having irregular teeth?	Yes	88	77.9%	102	82.3%	3.15	0.227
	No	20	17.7%	13	10.5%		
	Don't know	5	4.4%	9	7.3%		
Q2. Have you heard of an orthodontist before?	Yes	75	66.4%	100	80.6%	6.56	0.008
	No	33	29.2%	22	17.7%		
	Don't know	5	4.4%	2	1.6%		
Q3. Do you know that irregular teeth can be aligned?	Yes	56	49.6%	89	71.8%	12.38	0.002
	No	44	38.9%	26	21.0%		
	Don't know	13	11.5%	9	7.3%		
Q4. Do you know the ill effects or irregular teeth?	Yes	40	35.4%	57	46.0%	4.81	0.090
	No	56	49.6%	44	35.5%		
	Don't know	17	15.0%	23	18.5%		

Questions		Male		Female		Chi-Square	P value
		N	%	N	%		
Q5. Are you aware that sometimes few teeth may have to be removed for aligning irregular teeth?	Yes	50	44.2%	66	53.2%	3.74	0.148
	No	53	46.9%	43	34.7%		
	Don't know	10	8.8%	15	12.1%		
Q6. Do you know that oral habits have ill effects on teeth?	Yes	59	52.2%	60	48.4%	5.036	0.079
	No	53	46.9%	56	45.2%		
	Don't know	1	0.9%	8	6.5%		
Q7. Have you noticed people wearing braces?	Yes	75	66.4%	98	79.0%	6.76	0.032
	No	32	28.3%	18	14.5%		
	Don't know	6	5.3%	8	6.5%		
Q8. Do you know the duration for braces is longer than other dental treatment?	Yes	54	47.8%	66	53.2%	3.79	0.150
	No	37	32.7%	45	36.3%		
	Don't know	22	19.5%	13	10.5%		
Q9. Are you aware that oral habits can be treated using orthodontic treatment?	Yes	39	34.5%	42	33.9%	0.536	0.764
	No	57	50.4%	59	47.6%		
	Don't know	17	15.0%	23	18.5%		
Q10. Are you aware about wearing retainers after aligning teeth?	Yes	35	31.0%	62	50.0%	9.08	0.011
	No	57	50.4%	43	34.7%		
	Don't know	21	18.6%	19	15.3%		
Q11. Are you aware that orthodontic treatment is costly?	Yes	76	67.3%	94	75.8%	3.12	0.212
	No	23	20.4%	15	12.1%		
	Don't know	14	12.4%	15	12.1%		
Q12. Were the braces a problem during your marriage proposal?	Yes	28	24.8%	29	23.4%	4.04	0.132
	No	52	46.0%	44	35.5%		
	Don't know	33	29.2%	51	41.1%		
Q13. Did you face any problem during marriage proposal due to malaligned teeth?	Yes	29	25.7%	32	25.8%	0.025	1.000
	No	53	46.9%	57	46.0%		
	Don't know	31	27.4%	35	28.2%		
Q14. Have you taken orthodontic treatment?	Yes	47	41.6%	37	29.8%	6.19	0.031
	No	64	56.6%	87	70.2%		
	Don't know	2	1.8%	0	0.0%		
Q15. After orthodontic treatment did you notice any change in your personality?	Yes	30	26.5%	31	25.0%	0.239	0.901
	No	52	46.0%	61	49.2%		
	Don't know	31	27.4%	32	25.8%		

Significant at $P < 0.05$ N= number of participants

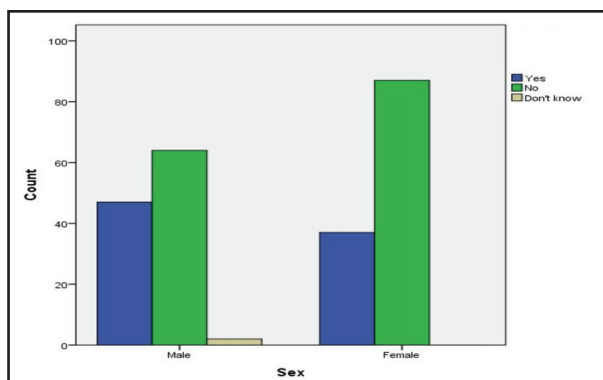


Figure (1) Comparison of the responses between males and females regarding if they had taken orthodontic treatment or not

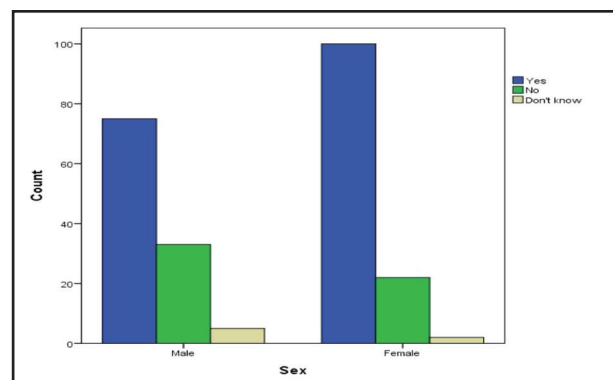


Figure (2): Comparison of the responses between males and females regarding if they had heard of an orthodontist or not

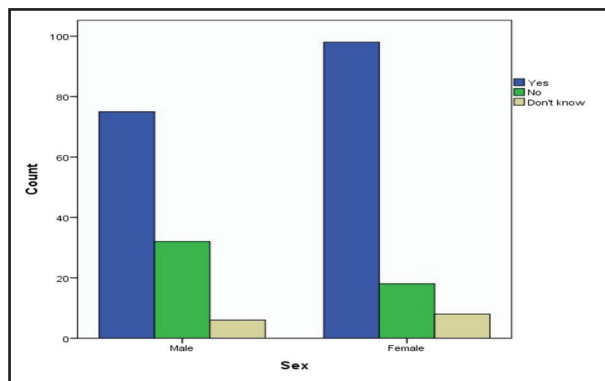


Figure (3) Comparison of the responses between males and females regarding if they had noticed people with braces or not

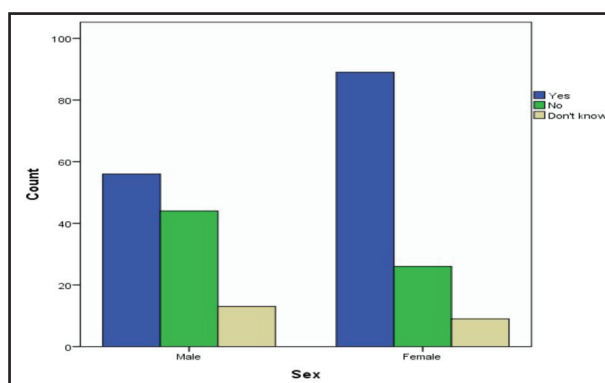


Figure (4) Comparison of the responses between males and females regarding if they were aware that irregular teeth can be aligned or not

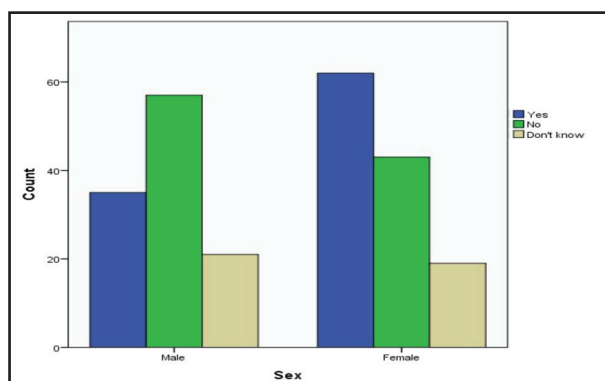


Figure (5) Comparison of the responses between males and females regarding if they were aware that retainers were worn after orthodontic treatment or not

DISCUSSION

Self-awareness and knowledge of individuals about orthodontics is of great importance and should not be underestimated in order to improve patient's quality of life as well as to achieve successful orthodontic treatment planning and promising results ^(31,34). A survey investigating the amount of knowledge and attitude among a sample of Egyptian patients toward different aspects of malocclusion and orthodontic treatment will provide more insight for better planning to improve peoples' well-being in relation to dental and functional health as well as self-esteem ⁽³⁶⁾.

Attitude and perception of facial and dental esthetics vary differently among individuals and populations. Regarding the awareness of orthodontic treatment cost and the longer duration that orthodontic treatment takes (71.7% and 50.6% respectively), many of the participants agreed that orthodontic treatment is costly and takes a long time. This outcome is similar to the results of previous studies ^(31,32), which suggest that financial limitation and the long duration of treatment maybe barriers for patients to undergo orthodontic treatment.

Nearly half of the responding participants (42.2%) do not know the ill effects that irregular teeth or oral habits (46%) have on dental health. These results are similar to results found by studies made in other developing countries ^(24, 28, 30). This may suggest that there is lack of knowledge and awareness related to this aspect which may contribute to people not seeking orthodontic treatment when necessary.

In this study, in spite that more than half of the respondents did not undertake orthodontic treatment (63.7%) the majority can notice irregular teeth (82.2%), notice people wearing braces (73%) and have heard of an orthodontist (73.8%). This may give an overview that the awareness of the orthodontic specialty is quite appreciable and this is also found to be in accordance to other studies studying the same factors ^(26, 32, 35).

Regarding the questions related to orthodontic treatment, it is obvious from the results that nearly

half of the participants have no knowledge about the use of retainers (42.2%) after orthodontic treatment, that few teeth maybe removed for orthodontic treatment (40.5%) and that oral habits can be treated by orthodontics (48.9%). These findings are similar to those found by other studies^(28, 31, 35), but different from a study that included a sample of nursing students who are found to have more knowledge about orthodontics⁽³²⁾. This difference in findings may be due to that the nature of studying nursing may provide more knowledge to individuals in relation to the dental field.

Three questions have the highest number of participants answering with 'don't know' answer in comparison to the other asked questions. These questions were the ones considering the social acceptance of participants regarding the appearance of irregular teeth and teeth with braces during marriage proposals (26.6% and 35.4% respectively) as well as if there are any personality changes due to orthodontic treatment (27.8%). These answers may indicate that further investigation is required for proper analysis and evaluating the relation between the severity of malocclusion and these factors may also provide additional knowledge.

When comparing the results between both genders, more females are found to have undergone orthodontic treatment than males. This result may indicate that females are more concerned with their appearances than males, thus, seeking orthodontic treatment. Also, more females heard about orthodontics, more are aware of people having braces, they are also more aware that irregular teeth can be treated by orthodontics and that retainers are used after treatment. These findings may be related to the fact that more females had orthodontic treatment, therefore, they have more knowledge concerning factors related to their experience. These findings are similar to other studies in a performed literature review⁽²⁹⁾, but different from a study performed in India, where males are found to have more knowledge about orthodontics than females⁽³⁵⁾. This difference may be due to differences in the cultures between countries.

CONCLUSION

On the bases of the results obtained from this study, it was concluded that females were more interested in receiving orthodontic treatment than males, thus noticing individuals with braces and were more aware that irregular teeth can be treated orthodontically than males. Nearly half of the participants from both genders have no knowledge of the ill effects that can be caused from irregular teeth or oral habits and that oral habits can be treated by orthodontics. Therefore, it is important to provide appropriate knowledge for individuals in the aspects that showed little awareness. Whereas questions related to social aspects needed further investigation.

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CONFLICT OF INTEREST

The author declares no conflict of interest.

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REFERENCES

1. Chauhan, A, Azam, A, Vashishta, V, Patil, C, Nikhil, S, Sneha E. Prevalence of malocclusion and orthodontic treatment need among 15-year-old school children of rural Central India. *Int J Health Sci.* 2022; 6: 2734–41.
2. Shayan A M, Behroozian A, Sadrhaghighi A, Moghaddam S F, Moghanlou A S, Amanabi M. Prevalence of dental anomalies in different facial patterns and malocclusions in an Iranian population. *J Oral Biol Craniofac Res.* 2022; 12: 525-28.

3. Akshaya. K, Balasubramaniam A, Sudharrshiny. S. Prevalence of skeletal and dental malocclusion among patients visiting a private dental college. *Int J Early Child Spec Educ.*2022; 14: 2080-90.
4. Jagadheeswari R and Mebin G M. Prevalence of malocclusion and orthodontic treatment needs among school children in Chennai using dental aesthetic index. *Int J Early Child Spec Educ.*2022; 14: 1308-81.
5. Yemitan T A and Oyapero A O. Prevalence of malocclusion in Africa: A systematic review and meta-analysis. *Magna Scientia Adv Res Rev.* 2022; 05: 30–5.
6. Rashid A and Feky H. Prevalence of malocclusion using Angle classification within the dental students of Fayoum University, Egypt (a survey study). *Egypt Dent J* 2019; 65:965-9.
7. Fsfis M S S, Abd El-Sayed F A, Munir H. Prevalence of malocclusion in primary school children of Cairo, Egypt (a survey study). *Egypt Dent J* 2016; 62: 225-31.
8. Alshammari A, Almotairy N, Kumar A, Grigoriadis A. Effect of malocclusion on jaw motor function and chewing in children: a systematic review. *Clin Oral Investig.* 2022; 26:2335–51.
9. Mogren A, Sand A, Havner C, Sjögreen L, Westerlund A, Agholme M B, Mcallister A. Children and adolescents with speech sound disorders are more likely to have orofacial dysfunction and malocclusion. *Clin Exp Dent Res.* 2022; 5:1–12.
10. Mogren A, Havner C, Westerlund A, Sjögreen L, Agholme M B, Mcallister A. Malocclusion in children with speech sound disorders and motor speech involvement: a cross-sectional clinical study in Swedish children. *Eur Arch Paediatr Dent.* 2022; 23: 619-628.
11. Anand T, Garg A K, Singh S. Effect of socioeconomic, nutritional status, diet, and oral habits on the prevalence of different types of malocclusion in school-children. *Acta Biomed.* 2022; 93: 1-8.
12. Maden E A and Eker I. Pediatricians' Knowledges, attitudes, and practices on parafunctional oral habits and orthodontic problems in children. *Clin Exp Health Sci.* 2021; 11: 834- 41.
13. Chauhan D, Sachdev V, Chauhan T, Gupta KK. A study of malocclusion and orthodontic treatment needs according to dental aesthetic index among school children of a hilly state of India. *J Int Society Prev Comm Dent* 2013; 3: 32-7.
14. Marusamy K O, Marghalani A, Aljuhani L K, Alhelali S N, Ramasamy S, Nayak U A. Relationship of malocclusion with self-esteem and quality of life of adult Saudi female orthodontic patients. *J Evolution Med Dent Sci.* 2021; 10: 1-5.
15. Akshetha L S, Krishnan R P, Sundar S. Perception and attitude of people with malocclusion in social gatherings - a cross-sectional survey. *Nat Volatiles Essent Oils.* 2021; 8: 7286 – 97.
16. Sipiyaruk K, Chanvitan P, Kongton N, Runggeratigul P, Niyomsujarit N. The impact of smile appearance and self-perceived smile attractiveness on psychological well-being amongst dental undergraduates. *Int J Clin Dent.* 2022;15: 365-78.
17. Nausheen K, Madiha S, Kaur H. Impact of malocclusion on self-esteem (SE) and orthognathic quality of life (OQOL) amongst dental undergraduate students. *Int Dent J Stud Res.* 2020; 8:14-17.
18. Naseri N, Baherimoghadam T, Kavianirad F, Haem M, Nikmehr S. Associations between malocclusion and self-esteem among Persian adolescent papulation. *J Orthodont Sci.* 2020; 9: 1-6.
19. Gasparello G G, Júnior S L M, Hartmann G C, Meira T M, Camargo E S, Pithon M M, Tanaka O. The influence of malocclusion on social aspects in adults: study via eye tracking technology and questionnaire. *Prog Orthod.* 2022; 23:1-9.
20. James J M, Puranik M P, Sowmya K R. Self-perception of dental esthetics, malocclusion, and oral health-related quality of life among 13–15-year-old schoolchildren in Bengaluru: A cross-sectional study. *J Nat Sci Med* 2022; 5: 262-67.
21. Digumarthi U K and Prakash R. A cross-sectional evaluation of self-perceived orthodontic treatment needs amongst tribal adolescent with remote access to orthodontic treatment using a simplified malocclusion index. *J Indian Orthod Soc.* 2021; 24 1-10.
22. Gatto RCJ, Garbin AJÍ, Corrente JE, Garbin CAS. The relationship between oral health-related quality of life, the need for orthodontic treatment and bullying, among Brazilian teenagers. *Dent Press J Orthod.* 2019;24: 73-80.
23. Pawar O, Joneja P, Choudhary D S. Psychological factors influencing motivation, cooperation, participation, satisfaction, self-appraisal and individual quality of life in adolescents and adults undergoing Orthodontic treatment. *Orthod J Nepal.* 2021; 11:1- 34
24. Barber S K, Ryan F, Cunningham S J. Knowledge of, and attitudes to, shared decision-making in orthodontics in the U K. *J Orthod.* 2020; 47: 294-302.

25. Olsen J A and Inglehart M R. Malocclusions and perceptions of attractiveness, intelligence and personality and behavioral intentions. *Am J Orthod Orthop*.2011; 140: 669-79.
26. Narangerel G, Cheng J H C, Ganburged G, Sainbayar B, Lee T Y H. Perception and attitude of Mongolians on malocclusion. *J Dent Sci*. 2022; 17: 1356-63.
27. Brkanovic S, Varga ML, Mestrovic S. Knowledge and attitude towards orthodontic treatment among non-orthodontic specialist: an online survey in Croatia. *Dent J*. 2022; 10: 1-12.
28. Chonat A, A V, Arumugam S, Saket P, Archana P. Awareness and attitude of parents regarding malocclusion and early interception of oral habits-associated dentofacial deformity in children. *World J Dent* 2022;13: 266–70.
29. Narangerel G, Cheng J H C, Sainbayar B Ganburged G. Perception and attitudes on malocclusion: a literature review. *Taiwanese J Orthod* 2021;33 :102-10.
30. Ilyas M, Shaheen A, Amjad S, Zubair T, Tariq A. Comparison of knowledge and perception of orthodontic treatment among dental students and local population. *Saudi J Oral Dent Res*. 2021;6 :59-62
31. Zakirulla M, Al-Qahatani A K, Alghozi A A, Ibrahim M, Almubarak H, Almalki A Y et al. Mother's Knowledge and Attitude towards Orthodontic Treatment for Children in Aseer Region, Saudi Arabia, *Sci Arch Dent Sci*. 2020; 3: 26-32
32. Clement EA. Awareness of malocclusion and behavior towards orthodontic treatment among nursing students. *J Res Meth Edu* 2020;10: 17-20.
33. Dhakal J, Shrestha M, Shrestha M, Acharya A. Comparison of knowledge and attitude towards orthodontic treatment among school students. *Orthod J Nepal* 2019; 9:61-5.
34. Vajifaker PJ, Mhatre AC, Joshi D. Survey on the Orthodontic Awareness in MGM Campus, Navi Mumbai, Maharashtra, India. *J Contemp Dent*. 2019; 9: 101-8
35. Mane P and Bapna PA. Evaluation of the awareness and knowledge of orthodontics and orthodontic treatment in patients visiting School of Dental Sciences, Karad. *J Oral Res Rev*. 2018; 10: 61-7
36. Agrawal R. Knowledge, attitude and perception of orthodontic treatment among dental students. *Int J Dent Res*. 2018;6 :3-5.
37. Essamet M and Darout I A. Knowledge and attitude toward orthodontic treatment among treated subjects compared with untreated subjects and correlation with patient-orthodontist communication. *World J Dent*.2017;8: 218-23.
38. Shrestha M R, Bhattarai P, Shrestha S. Knowledge, attitude and practice of patients towards orthodontic treatment: a multi-centric study. *Orthod J Nepal*. 2014; 4: 6-11.