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Original Article

Assessment of Knowledge, Attitudes, and Practices Regarding Denture Hygiene Among Complete and Partial Denture Wearers: A Cross-Sectional Questionnaire Study

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Abstract:

Background: It is very important to maintain good denture hygiene since its negligence might lead to different oral mucosal lesions, bad breath, and systemic disorders. The aim of this study was to determine the level of knowledge, attitude, and practice (KAP) of people who use removable prosthetic devices in eastern Libya and to find out the discrepancies between theoretical knowledge and real actions. **Methods:** A multi-centre cross-sectional study took place between January and June 2026. It spanned public and private dental institutions in Benghazi (270 participants) and Al-Bayda (210 participants), Libya. In total, 480 adults who wore removable dentures were included—most were older adults, 57.9% aged 60 and above; 51.9% were women; 57.9% wore partial dentures. They were chosen through convenience sampling, following STROBE guidelines. Data collection involved a culturally adapted, validated 15-item questionnaire. This was scored on a 5-point Likert scale—covering Knowledge (K1–K5), Practice (P1–P5), and Attitude (A1–A5) domains. Open-ended qualitative items were included as well. Composite indices and Relative Importance Indices (RII) were calculated; a mean score of 3.75 or higher indicated high performance. Cronbach's alpha was used to verify internal consistency. **Results:** Internal consistency was established for all domains (α=0.786–0.826). The participants, in general, exhibited good knowledge (Mean=4.05±0.58, RII=80.9%) and favorable attitude (Mean=4.28±0.57, RII=85.7%) towards denture cleaning. Knowledge was most prevalent for the 'need for daily cleaning' (Mean=4.60, RII=92.0%) and had the least prevalence for the perceived risk of nocturnal removal (Mean=4.41, RII=88.2%). However, a huge discrepancy was noticed between knowledge and practice, with overall practice being acceptable (Mean=3.69±0.54, RII=73.8%), but adherence to denture cleansers was very Poor (Mean=2.55±1.25). **Conclusion:** A positive attitude and awareness about denture care was found among denture wearers in eastern Libya, although they had poor practices in relation to the use of denture cleansers and the regularity of their visits for checkup. There is an immediate need for structured patient education with simple care instructions nonabrasive in nature and community health-based efforts to close the gap between patient knowledge and clinical practice.

Keywords: Denture hygiene; Knowledge, Attitude, Practice (KAP); Removable prostheses; Denture cleansers; Oral health education; Libya.

Introduction :

Due to its severe effects on speech, facial aesthetics, masticatory function, and overall oral health-related quality of life, complete and partial edentulism remains a major global public health burden. [1,2]. Patients rely on a removable partial or complete denture for support in order to restore oral function and psychosocial well-being. [1, 3]. However, patient compliance with appropriate denture cleaning and care is crucial to the long-term success of prosthodontic treatment. [1, 4].Denture plaque, food particles, and intricate microbial biofilms quickly accumulate on prosthetic surfaces as a result of poor denture maintenance [1, 5]. Mucosal diseases, including denture stomatitis, angular cheilitis, and halitosis, are closely associated with inadequate denture hygiene in the clinical environment [2, 4, 5]. Furthermore, especially in older people, contaminated prostheses may include opportunistic respiratory bacteria that raise the risk of systemic problems including aspiration pneumonia [2, 4, 5]. Daily mechanical and chemical cleaning, nightly appliance removal to encourage mucosal healing, non-abrasive cleansers, preservation of the tongue and underlying oral mucosa, and regular professional dental examinations are all part of proper denture hygiene [2,6,7].

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Patients' knowledge, attitudes, and practices (KAP) determine whether or not they follow these suggestions [1, 6, 8]:

- Knowledge: Evaluates patients' comprehension of daily denture care, the health risks associated with wearing dentures overnight, how to select appropriate cleaning supplies, how to avoid bad breath, and the significance of routine dental examinations [1, 2, 6].
- Attitude Domain: Shows how comfortable the patient is, how confident they are in the expert guidance, and how important they believe dental hygiene is to overall health [1, 6, 8].
- • Practice Domain: Evaluates real self-reported hygiene habits, including the frequency of daily cleaning, nighttime denture removal, denture cleanser use, and oral mucosa care [2, 6, 7].

- However, relatively few baseline epidemiological research on denture hygiene habits have been carried out, despite the fact that the demand for prosthodontic services is steadily rising in eastern Libya, particularly in the major towns (such as Benghazi and Al-Bayda) [1, 7]. Patients in this region also face particular socioeconomic difficulties, varying access to medical care, and inadequate community-based oral health literacy initiatives. Furthermore, the sociocultural obstacles and individual challenges faced by denture wearers are not often sufficiently taken into account by quantitative KAP measurements.

- The study employed both quantitative and qualitative methodologies to help close this gap and direct more targeted public health initiatives [1, 6, 8]. It evaluated the knowledge, behaviors, and attitudes of removable denture users in Benghazi and Al-Bayda, Libya, about denture care. Interviews also looked at the difficulties patients deal with on a daily basis.

Materials and Methods:

Study Design and Setting The nature of this study was cross-sectional. The purpose of this study was to investigate the knowledge, attitudes, and denture hygiene practices of denture wearers in eastern Libya.The data was collected over a six-month period in 2026, from January to June. Both public dentistry offices and private prosthodontic institutions in Benghazi and Al-Bayda provided the data. These cities were chosen because they offer prosthodontic care. Patients from nearby rural and metropolitan areas can also travel to these locations. The study was planned, carried out, and disseminated in accordance with the cross-sectional study guidelines of the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement.

- Study Population
- Participants were adult patients who were currently wearing removable complete or partial dentures at the participating dental clinics.
- Exclusion Criteria: Participants were eliminated if they • used implant-supported restorations, crowns, bridges, or other fixed prostheses without detachable dentures;
- refused to take part in the study; or had mental illness, significant cognitive impairment, or systemic disorders that made it difficult to accurately complete surveys.

Sample Size Estimation

This study included 480 patients who wore dentures and were either completely or partially edentulous.

These individuals were collected from dentistry offices be tween January and June of 2026.

Convenience sampling was employed for this study; we in vited any patient who met the eligibility requirements to p articipate until we reached the required 480 participants.

Cochran's method was used to determine the minimal nec essary sample size in order to ensure that the study has po wer and that the results are trustworthy:$n =\ frac\{z\^2p(1-p)\ \}\{e\^2\ \}$

$$n = \frac{Z^2 \cdot p(1-p)}{d^2}$$

The minimal sample size required was roughly 475 partici pants, assuming a 95% confidence level (Z = 1.96), a vari ability parameter (p = 0.50), and a margin of error (d = 0.0 45).

The sample size was increased to 480 due to the possibilit y of nonresponse or missing data.This expansion made it s impler to examine subgroups at each data collection locati on and helped guaranty statistical outcomes.

Participants were chosen from Benghazi and Al-Bayda, two cities in eastern Libya.

Based on the percentage of patient volume, the sample wa s distributed between the two regions.

As a result, 270 individuals were chosen from Benghazi a nd 210 from Al-Bayda.

Study Instrument:

To evaluate the knowledge, attitude, and practice of denture hygiene among the participants, a structured questionnaire was employed which was adapted from earlier published validated studies. The questionnaire was adapted culturally and linguistically to correspond to the respondents.

The last instrument consisted of five major components.

• First segment: Demographic and Clinical Aspects: Involved the age of respondent, sex, educational

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background, place of residence in either Benghazi or Al-Bayda, removable dentures used (either complete or partial), and length of time using removable denture.

• Section II: Knowledge Domain: Utilized five parts to evaluate knowledge of or theoretical knowledge on daily denture cleaning, nighttime denture usage, necessity of using dedicated cleaning agents, reduction of halitosis, regular dental check-ups.

• Section III: Attitude Domain: Used five components to measure how patients feel about the benefits of cleaning comfort-wise, confident in the judgment made by the expert, open to the implementation of recommended treatment, and being connected to systemic health.

• Section IV: Domain of Practice: Consisted of five items related to the respondents' actual practices concerning hygienic care, including daily cleaning routines, nightly removal of dentures, usage of specific cleansers, cleaning of oral mucosa/tongue, and the nature of dental visits with respect to the issues treated.

• Section V: Component for Qualitative Assessment: It contained two open-ended questions aimed at eliciting qualitative information about (i) difficulties faced by denture wearers at personal and community levels in Benghazi and Al-Bayda, and (ii) practical recommendations and solutions for improving oral hygiene services in the community.

Questionnaire Scoring System

The evaluation of the participants' responses in the quantitative aspect (Knowledge, Attitude, and Practice) was performed using a normal 5-point Likert scale from 1 ("Strongly Disagree") to 5 ("Strongly Agree").

Within each of the three domains consisting of 5 items, responses were added up to produce a total score between 5 and 25 or averaged to generate a mean score of the composite index (between 1.00 and 5.00). In addition, a cut-off criterion of 75% was established for each of the domains with a mean value equal to or greater than 3.75 (e.g. total score equal to or greater than 18.75 out of 25). Knowledge Domain: In this context, if the mean score is equal to or above 3.75, it was considered an Adequate/High Knowledge level. If the mean score is less than 3.75, it was regarded as Poor/Low Knowledge.

Attitude Domain: In this manner, a mean score of 3.75 or above shows the phenomenon of a Highly Positive Attitude, while a mean score below this value shows a Less Positive Attitude. Practice Domain: A mean score of 3.75 or above indicates Good Denture Hygiene Practices. In contrast, a mean score below this level indicates Poor/Sub-optimal Practices. The qualitative responses collected from Section V were categorized and thematically analyzed in order to provide context for the quantitative results.

Ethical Considerations

The study adhered to the Declaration of Helsinki's ethical guidelines. A panel of detachable prosthodontic specialists, all of whom are co-authors of this study, thoroughly examined, evaluated, and approved the study methodology, questionnaire structure, and clinical applicability prior to any data being gathered.

Participation in the study was completely voluntary. Prior to the administration of the questionnaire, all eligible denture wearers provided written and verbal informed consent. The study's history, goals, and participants' choice to withdraw at any time without it affecting the dental care they were already receiving or would receive in the participating clinics were all made clear to them.

Statistical Analysis

The data were analyzed with IBM SPSS Statistics (Version 28.0). Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize demographic factors and KAP scores. The questionnaire's internal consistency was evaluated using Cronbach's alpha ($\alpha \geq 0.70$). We used the Relative Importance Index (RII) to rank item importance, and we categorised the results into five benchmark levels. One-way ANOVA with Tukey's post-hoc tests was used for multi-category variables, while independent samples t-tests and Chi-square tests were used for binary categories to examine differences across subgroups. Thematic analysis was applied for the qualitative responses (Section V). The threshold for statistical significance was set at

Results

evaluation of denture care knowledge, practice, and attitude

to establish internal consistency across all three domain dimensions for N = 480 completed responses.

scale reliability & internal consistency

The psychometric properties of the 15-item questionnaire were evaluated using Cronbach's Alpha (\alpha) coefficien

Table 1. Demographic Characteristics

Variable	Category	N	%
Age	<40	11	2.3
Age	40–49	47	9.8

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Age	50–59	144	30.0
Age	≥60	278	57.9
Gender	Male	231	48.1
Gender	Female	249	51.9
Duration of denture use	6–18 months	204	42.5
Duration of denture use	19–30 months	175	36.5
Duration of denture use	31–33 months	72	15.0
Duration of denture use	>33 months	29	6.0
Type of denture	Partial	278	57.9
Type of denture	Complete	202	42.1

Comment: The sample was predominantly aged ≥60 years (57.9%). Females represented 51.9% of participants, while partial dentures were more common than complete dentures (57.9% vs. 42.1%). The most frequently reported duration of denture use was 6–18 months (42.5%).

Table *2.* Overall Reliability and Item-Total Statistics for Study Dimensions (N = 480)

Dimension / Item Code	**Overall Cronbach's Alpha**
Knowledge Domain (K1–K5)	**0.807**
Practice Domain (P1–P5)	**0.786**
Attitude Domain (A1–A5)	**0.826**

Knowledge domain analysis

The Knowledge domain evaluated participants' theoretical understanding of denture hygiene, nocturnal maintenance, and professional dental checkups.

Table 3. Descriptive Statistics and Relative Importance Index for Knowledge Items (N = 480)

Code	**Knowledge Statement**	**SA (%)**	**A (%)**	**N (%)**	**D (%)**	**SD (%)**	**Mean**	**SD**	**RII**	**Level**
K1	Daily cleaning is necessary	74.0	16.5	5.6	3.5	0.4	4.60	0.79	92.0%	Very High
K2	Sleeping with dentures is risky	57.9	30.0	8.1	3.3	0.6	4.41	0.83	88.2%	Very High
K3	Use dedicated cleansers	20.0	30.0	20.0	24.0	6.0	3.34	1.21	66.8%	Moderate
K4	Cleaning reduces halitosis	51.2	40.0	6.0	2.3	0.4	4.39	0.74	87.9%	Very High
K5	Regular dentist visits needed	24.0	32.1	17.9	20.0	6.0	3.48	1.22	69.6%	High
Overall Knowledge Composite				—			**4.05**	**0.58**	**80.9%**	**High**

Note: SA = Strongly Agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly Disagree, RII = Relative Importance Index.

Commentary on Table **3:** Participants demonstrated a strong overall knowledge level (Mean = 4.05 pm 0.58, RII = 80.9%). Awareness was highest for the necessity of daily cleaning (K1: Mean = 4.60, RII = 92.0%) and awareness of risks associated with nocturnal denture wearing (K2: Mean = 4.41, RII = 88.2\%). In contrast, knowledge regarding the necessity of utilizing dedicated chemical cleansers ranked lowest (K3: Mean = 3.34, RII = 66.8%), revealing a significant educational gap regarding specific cleaning agents versus tap water or standard toothpaste.

Practice domain analysis

Table 4. Descriptive Statistics and Relative Importance Index for Practice Items (N = 480)

Code	**Practice Statement**	**SA (%)**	**A (%)**	**N (%)**	**D (%)**	**SD (%)**	**Mean**	**SD**	**RII**	**Level**
P1	Clean dentures daily	42.1	37.1	5.8	12.1	2.9	4.03	1.11	80.7%	High

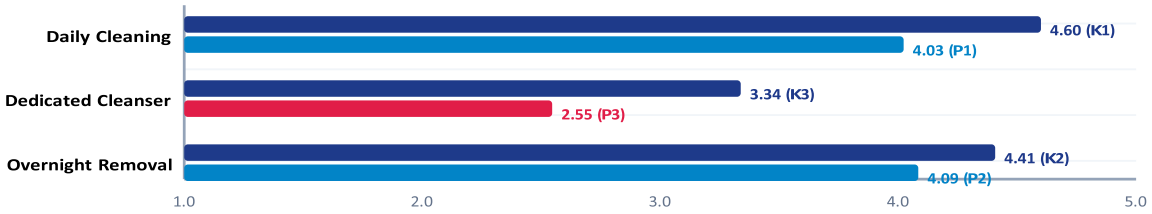
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P2	Remove while sleeping	40.8	39.0	10.0	9.2	1.0	4.09	0.98	81.9%	High
P3	Use dedicated cleansers	10.0	15.0	15.0	40.0	20.0	2.55	1.25	51.0%	Low
P4	Clean gums & tongue daily	17.9	27.9	20.0	25.0	9.2	3.20	1.25	64.1%	Moderate
P5	Visit dentist upon problem	65.0	30.0	2.9	2.1	0.0	4.58	0.65	91.6%	Very High
Overall Practice Composite				—			**3.69**	**0.54**	**73.8%**	**High**

Figure 1. Mean Comparison Between Knowledge and Practice Items (N = 480)



Commentary on Table *4* and Figure 1: The Practice domain overall score was high (Mean = 3.69 pm 0.54, RII = 73.8%). Patients reported excellent problem-driven consultation behavior (P5: Mean = 4.58, RII = 91.6%) and nocturnal removal (P2: Mean = 4.09, RII = 81.9%). However, a critical behavioral deficit was observed in P3 (Use of dedicated cleansers), which scored in the *Low* category Mean = 2.55, RII = 51.0%, with 60.0% reporting non-use. Figure 1 visually illustrates the knowledge-to-practice translation gap, showing that while knowledge scores remain high across most items, practical execution lags behind, particularly regarding specialized cleanser adoption (2 55 vs 3 34)

Attitude Domain Analysis

The Attitude domain measured patient perceptions regarding the clinical impact of oral hygiene, compliance willingness, and receptivity toward professional education.

Table 5. Descriptive Statistics and Relative Importance Index for Attitude Items (N = 480)

Code	Attitude Statement	SA (%)	A (%)	N (%)	D (%)	SD (%)	Mean	SD	RII	Level
A1	Cleaning improves wearing comfort	60.0	30.4	6.0	2.9	0.6	4.46	0.79	89.2%	Very High
A2	Dentist instructions are helpful	50.0	35.0	10.0	4.0	1.0	4.29	0.88	85.8%	Very High
A3	Keen on following guidelines	35.0	45.0	12.1	6.0	1.9	4.05	0.94	81.0%	High
A4	Care is vital for systemic health	45.0	40.0	10.0	4.0	1.0	4.24	0.86	84.8%	Very High
A5	Desire to receive additional info	55.0	31.0	10.0	4.0	0.0	4.37	0.82	87.4%	Very High
Overall Attitude Composite				—			**4.28**	**0.57**	**85.7%**	**Very High**

Commentary on Table *5*: The Attitude domain achieved the highest overall mean score among all three dimensions (Mean = 4.28 pm 0.57, RII = 85.7%), indicating exceptionally positive patient attitudes. Patients strongly recognized that regular denture hygiene enhances wearing comfort (A1: Mean = 4.46, RII = 89.2%). Crucially, 86.0% of respondents expressed a positive desire to obtain more educational information (A5: Mean = 4.37, RII = 87.4%), showing that the patient population is highly receptive to future oral health promotion initiatives.

Discussion:

The knowledge, attitudes, and behaviors (KAP) of denture wearers in Libya were examined using a cross-sectional

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methodology. Both private prosthodontic facilities in Benghazi and Al-Bayda were the subject of the study. Patients from both urban and rural regions are referred to these institutionsThe approaches were made clearer by adhering to the STROBE principles. The study's observational methodology remained robust. [9,10]
The sample size of 480 was calculated using a method based on Cochran's formula:

$$n = e^2Z^2p(1-p)$$

The values used were conservative: Z = 1.96, which corresponds to a 95% confidence interval; p = 0.50 representing the possible variability; and e = 0.045 meaning a margin of error of 4.5%. Using these values the formula gave a minimum required sample size of 475 participants. The final sample size was increased to 480 to account for non-responses or missing data. This larger sample also made it possible to carry out volume-based stratification between the two study locations: Benghazi with 270 participants (56.25%) and Al-Bayda with 210 participants (43.75%). Additionally, a sample size of 480 provided statistical power ($\beta > 0.80$) for comparing various demographic groupings. This lessened the possibility of Type II errors, which occur when a real difference is overlooked because of a sample.1.3 Rationale for Exclusion Criteria The exclusion criteria were clearly set to remove factors that could affect the accuracy of self-reported KAP scores or oral hygiene performance. Fixed or Implant-Supported Prostheses: Patients who had crowns, bridges or implants were not included. This is because fixed and implant-supported restorations need cleaning routines and specific types of chemical or mechanical cleansers compared to removable acrylic dentures. These variations may distort the results and affect how effectively people maintain their hygiene . [10,11]

Cognitive Impairment and Systemic Illnesses: Individuals suffering from dementia, cognitive impairment, or significant physical disability were excluded. This was important to make sure the answers given were reliable and accurate. When someone has impairment their ability to care for themselves is often reduced and they might rely on others for daily tasks. Self-reporting becomes less reliable as a result . [12]

Refusal to Participate: Individuals who refused to join the study were excluded. This helped avoid bias, from non-participation and kept the research process valid.

Instrument used a 5-point Likert scale and Relative Importance Index (RII). Instrument set a 75 % cutoff criterion (Mean ≥ 3.75) for domain mastery. Instrument showed internal consistency ($\alpha = 0.852$). Instrument combined scoring, with qualitative open-ended questions. This combination gave context about financial and structural barriers. However instrument faced limitations. Limitation was convenience sampling, which can cause selection bias. Limitation was self-reported data, which can lead to social desirability bias . [14,15]

The goal of the survey was to look at denture hygiene knowledge, attitude and practice of 480 people who wear removable dentures in eastern Libya, specifically Benghazi and Al-Bayda. Researchers used a design and a 5-point Likert scale to ask 15 questions. The aim was to see if there was a gap, between what people understood about oral care and how they actually behaved. Most participants had a base of knowledge (Mean = 4.05 ± 0.58; RII = 80.9%) and a positive attitude (Mean = 4.28 ± 0.57; RII = 85.7%). Still their actual denture hygiene habits were weak (Mean = 3.69 ± 0.54; RII = 73.8%) mainly because they rarely used denture cleansers.
The people studied had an amount of knowledge about denture hygiene. The need for denture cleaning (K1: M = 4.60, RII = 92.0%) and the possible dangers of wearing dentures at night (K2: M = 4.41, RII = 88.2%) were the highest. These results match research in the Middle East and North Africa (MENA) region[16]. According to Pacharne et al. [6.5], found that than 85 % of people who wear dentures said that regular mechanical plaque removal is essential for good oral health. Public health messages, about the dangers of denture stomatitis and Candida albicans growing when dentures stay on for long may explain why people are more aware of the problems that come with wearing dentures at night . [17]

However the results showed that people didn't know much about cleaning products (K3: Mean = 3.34, RII = 66.8%). The truth is that many people didn't know that specific chemical cleaning products should be used of water or regular toothpaste. A large number of people. Strongly disagreed with this idea (30.0% said no). This lack of knowledge causes the problems seen in life. This lack of knowledge causes the problems seen in life. This lack of knowledge causes the problems seen in life.
The Attitude domain scores, with an average of 4.28 ± 0.57 and a Relative Importance Index of 85.7 percent were impressive. The Attitude domain scores show that dental cleanliness and professional advice are very important to people. Participants said that wearing dentures feels more pleasant giving a high score of 4.46 for that item. The Attitude domain scores also show that people think keeping

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prostheses in good shape is essential for overall health with a mean of 4.24, for that item.

Significantly 86.0 percent of respondents said they desire denture care instruction materials. (A5: Mean = 4.37, RII = 87.4%)

I believe this is excellent news for anyone who support prosthodontists and oral health in Libya.

According to Gümüşok et al. [18] Introducing educational programs is ideal when patients are willing to learn.

The study says that non-compliance often results from guidelines not from patients lacking concern.

Despite the fact that many claim to be optimistic and well-versed in the theory, their actual behavior reveals gaps. Most people brush their teeth every day (P1: Mean = 4.03) and often visit the dentist when something is wrong (P5: Mean = 4.58). However using cleaning solutions is a big issue (P3: Mean = 2.55 ± 1.25 RII = 51.0%). More than 60% of respondents reported using chemical soaking agents or effervescent cleaning tablets little or never. For cleaning they mainly use tap water or regular toothpaste.

Prosthodontic studies often highlight a gap between knowing about care (K3: 3.34) and actually doing it (P3: 2.55). Many people know the things but don't follow through. For instance acrylic resin used in dentures can get scratched by toothpaste and regular brushing. These tiny scratches make it easier for bacteria to stick and grow over time. Soaking dentures in water doesn't remove plaque or fungus. It's not enough. Research by Motawea et al. [19] and Felton et al. [2] Shows that chemical solutions, like alkaline peroxides or sodium hypochlorite work better. These cleaners can remove buildup without damaging the dentures. It's important to use them to keep dentures clean and safe.

Qualitative Context (Personal and Community Challenges)

The data were explained by the qualitative data in Section V. It showed the structural, societal and economic challenges faced by the denture population in Benghazi and Al-Bayda:

• Economic Barriers and Product Access: Participants said the high cost and unreliable availability of imported denture cleaning pills in pharmacies across eastern Libya are serious problems. Even though they know specialty cleansers work better many patients choose to use water or regular toothpaste because of the cost.

• Lack of Post-Treatment Guidance: According to numerous responders, prosthodontists in both private clinics quickly go over verbal instructions on how to clean dentures before giving them to patients. They rarely provide written instructions. Show patients how to properly soak dentures in cleaning solutions.

• Symptom-Related Medical Visits: People usually only go to offices when they are, in severe pain or when a denture breaks (P5: Mean = 4.58). They do not go for check-ups to prevent problems (K5: Mean = 3.48).

The study involved a number of 480 people from Benghazi and Al-Bayda two important cities in eastern Libya. This large number is the studys advantage. The tools used in the study were very reliable with an alpha of 0.852. The study followed the STROBE guidelines carefully.

On the hand there are some limitations to consider. One issue is that the study is cross-sectional which means it cannot show if education directly affects hygiene over time. Additionally, depending solely on self-reported statistics may result in errors since social desirability bias may induce people to claim to be cleaner than they actually are.

Conclusion:

A cross-sectional study examining the knowledge, attitudes, and denture practices of removable denture wearers in eastern Libya, specifically in Benghazi and Al-Bayda, revealed that participants generally possessed strong theoretical understanding (Mean=4.05 + 0.58) and a highly favorable outlook (Mean=4.28 + 0.57) regarding the oral hygiene and comfort associated with clean dentures. However, the most alarming discovery was a substantial disconnect between knowledge and practice regarding routine daily oral self-care. While survey responses regarding general hygiene protocols and the removal of dentures at night indicated that participants understood their importance, there was a marked failure to follow specific, evidence-based cleaning methods. For instance, 60.0% of respondents reported that they did not utilize specialized denture cleaners.

Recommendations:

The following interventions are suggested in light of the st udy's findings:

Process-Centered Guidelines:

Both written and spoken instructions should be provided a t the time the denture is supplied, with a focus on step-by-step cleaning procedures, specific non-abrasive cleansers, and good tongue and mucosa care.

Preventive Recall Schedules:

A preventive strategy to care should replace a problem-driven one. This can be accomplished by planning regular recurrent visits every six to twelve months to evaluate pr osthesis fit and cleanliness compliance.

Specialized Educational Tools:

To improve patient understanding, lessen fear, and increas e awareness of oral health, community outreach activities should be carried out and visual materials tailored to the l ocal culture, including as pamphlets and clinic videos, sho uld be created.

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