

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING ORAL HYGIENE AND PREVENTION OF COMMON ORAL HEALTH PROBLEMS AMONG PRIMARY SCHOOL CHILDREN

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Abstract:

Today's children are tomorrow's leaders. The children form 38-40% of general population. One of the major health problems faces by the children is oral health problems, more commonly dental caries. A descriptive study to assess the knowledge regarding oral hygiene and prevention of common oral health problems among primary school children. The main objectives of the study were to assess the knowledge regarding oral hygiene and prevention of common oral health problems among primary school children and to find out the association between knowledge score and selected demographic variables. A descriptive approach with stratified random sampling method was adopted. The study was conducted in a primary school at Dist. Hapur (U.P.), on 60 primary school children studying in 4th and 5th class. The tool was designed to collect the Demographic data and Self Structured Knowledge Questionnaire was administered. Collected data was analyzed by using descriptive and inferential statistics. The study revealed that only 1.66% children had adequate knowledge, 45% of school children had inadequate knowledge and 53.33% had moderate knowledge regarding Oral hygiene and prevention of common oral health problems.

Key words: Assess Knowledge, Descriptive, Oral Hygiene, Prevention, Primary school children.

Introduction

Health is a universal human need for all cultural groups. Oral health is a part of general health. The word oral refers to the 'mouth'. The mouth includes not only the teeth and gums or their supporting connective tissues, ligaments, bones but also the hard and soft palate, the term, lips, salivary glands and chewing muscles are included.¹ Oral hygiene is a state of practice of keeping the mouth cavity in a healthy condition, as by regular brushing, flossing in between the teeth and cleaning tongue combined with periodic examination at least once in three month by a dentist. Children between the age group of 5-15 years spend their time in school. World Health Organization considers schools as the healthiest promoting one; when it is constantly strengthening its capacity as a healthy setting for living, learning and working. Health education, health services and healthy environment are components of schools.² The children form 38-40% of general population. One of the major health problems faces by the children is oral health problems, more commonly dental caries. The WHO reports that 60-90% of school children worldwide have experienced caries with the disease being most prevalent in Asian and Latin American countries. According to National Oral health survey report 2004, caries prevalence in India was 51.9%, 53.8% and 63.1% at ages 5, 12 and 15 years respectively in different parts of India.³

Objectives

- 1- To assess the knowledge regarding oral hygiene and prevention of common oral health problem among primary school children.
- 2- To associate the knowledge level regarding oral hygiene and prevention of common oral health problem among children with the selected demographic variables.
- 3- To educate the children regarding oral hygiene and prevention of common oral health problems through educational session.

Methodology

Research approach: Evaluative

Research design: Descriptive design

Research variable: knowledge regarding oral hygiene and prevention of common oral health problems

Settings of the study: Nishi Public school, Galand, Hapur, UP

Population: Primary School Children

Sample size: 60

Sampling technique: Stratified Random Sampling Technique

Inclusion Criteria:

- Students studying in 4th and 5th class.
- Students who were willing to participate in this study.

- Students who were available at the time of study.
- Student who can read Hindi very well.

Exclusion criteria:

- Students who were not willing to participate in the study.
- Students who were not available at the time of the study.

Data Collection Procedure

A Permission was obtained from ethical committee concerned to particular setting. A written permission was obtained from concerned authorities of school. 60 samples were selected by using stratified random sampling technique. The purpose of the study was explained to the samples and the willingness to participate in the study was assured by taking written consent from each sample. It took 40 minutes to collect the data from the samples and then teaching was given using LCD Projector. It was done on 23rd March 2016. The data was coded and analyzed by using descriptive and inferential statistics.

Result

Description of demographic variables of samples:

Majority of the samples (56.6%) were below the age group of 8-10 years, (86.6%) belonged to Hindu Religion, 75% samples belonged to lower middle class (income Rs. 5000-10,000), 80% belong to rural areas, 35% student’s mother’s were are secondary educated, 43.33% student’s father’s were secondary educated, 75% students were vegetarian, 55% did not had any previous family history of dental problems

Table No 1: Knowledge score and their grading.

S.No	Level of knowledge	Frequency	Frequency percent
1	Adequate knowledge (13-20)	1	1.66%
2	Moderate knowledge (7-12)	32	53.33%
3	Inadequate knowledge (0-6)	27	45%

N=60

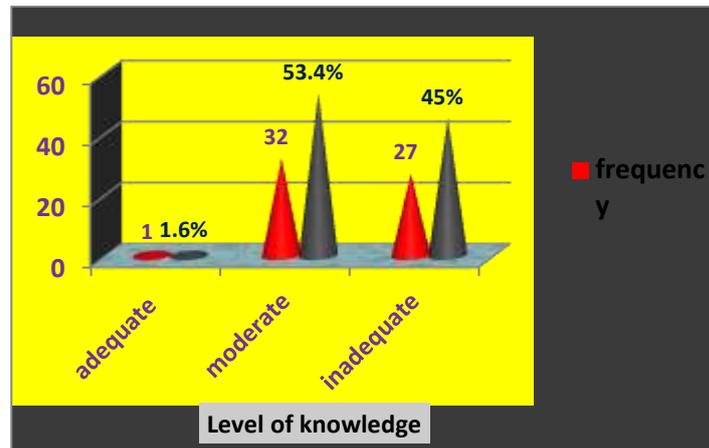


Fig. No. 1: Cone diagram showing percentage distribution of knowledge scores.

Table No: 2: The Mean, Median, Mode and Standard Deviation Value N=60

MEAN	MEDIAN	MODE	STANDARD DEVIATION
6.63	7.5	8	2.43

Table No: 3: Chi-square computations to determine relationship between knowledge scores and selected demographic variables.

S.N	DEMOGRAPHIC VARIABLES	CHI-SQUARE	TABLE VALUE	DF	INFERENCE
1.	Age	0.82	3.84	1	NS
2.	Religion	0.023	9.49	4	NS
3.	Class	1.23	3.84	1	NS
4.	Educational status of Mother	0.79	16.92	9	NS
5.	Educational status of Father	9.34	16.92	9	NS
6.	Income	9.89	16.92	9	NS
7.	Food habit	18.01	9.49	4	S
8.	Previous knowledge	0.284	3.84	1	NS
9.	Family history	10.69	3.84	1	S

S- Significant

NS- Non-Significant

In the above table, CHI- square was calculated to find out an association between knowledge score and selected demographic variables. There was a significant association of Age, Class, Food habit and previous knowledge with knowledge score but there was no significant association between Religion, Education, Educational Status of Mother and Father, Income, Residence and Family history and knowledge score.

Discussion

Majority of the samples 56.6% were below the age group of 8-10 years, 86.6% belonged to Hindu Religion, 75% samples belonged to lower middle class income Rs. 5000-10,000, 80% belong to rural areas, 35% student's mother's were secondary educated, 43.33% student's father's were secondary educated, 75% students were vegetarian, 55% did not had any previous family history of dental problems. 53.33% had moderate knowledge, 45% had inadequate knowledge and only 1.6% had adequate knowledge. The mean score was 6.6, median was 7.5, mode was 8 and standard deviation was 2.43. There was a significant association of Age, Class, Food habit and previous knowledge with knowledge score.

Recommendations

- The study can be replicated on a large sample in different setting, so that the findings can be generalized to a large population.
- A study can be conducted to assess the knowledge and attitude of primary school children towards oral hygiene and prevention of common oral health problems.
- A similar study can be conducted in community settings.

- A similar study can be replicated using different strategies viz. planned teaching programmed (PTP), computer simulation, pamphlets, video films etc.
- A descriptive study can be carried out on primary school children of rural schools.
- A follow up study can be conducted to assess the retention of knowledge of primary school children of oral hygiene and prevention of common oral health problems.

Conclusion

After the detailed analysis the study leads to the following conclusions: the students of primary school did not have an adequate knowledge regarding oral hygiene and common oral health problems. And some of the demographic variables like food habit and family history had significant association with the knowledge score.

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