

A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge regarding Oral Hygiene among the School Age Children in selected Schools at Jalgaon

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Abstract: *Dental caries is the single most common chronic childhood disease affects children ages five through seventeen years. the study was carried out to assess the knowledge of oral hygiene among school age children in selected schools of Jalgaon with a view to develop a oral health knowledge. An evaluative research approach with pre - experimental design was used for the study. The study was conducted at selected schools at Jalgaon city. The sample comprised of 60 school age children. Sample was selected by using purposive sampling technique. The result showed that the structured teaching programme was highly effective in improving the knowledge of school age children regarding oral hygiene*

Keywords: oral hygiene, Dental caries

1. Introduction

Healthy children are successful learners. School age children represent about 25% of total population. The very size of the population suggests that health care of the school children can contribute to the overall health status of the country. The health and well being of school age children has become a high profile issue, lying at the heart of numerous government initiatives and policies and receiving considerable public attention¹

Oral Health is an integral component of general health. It has also become clear that causative and risk factors in oral diseases are often the same as those implicated in the major general diseases (WHO, 2003)³. The overall health, well - being, education and development of children, families and communities can be affected by oral health. Though there has been considerable improvement in the oral health of children in the last few decades, dental caries (tooth decay) still remains one of the most commonly occurring oral health problems in the children all over the globe. Oral disease is a significant burden to all countries of the world. The WHO approach to improvement of oral health globally is formulated by the World Health Assembly 2007 Resolution "Oral health: action plan for promotion and integrated prevention"²

The goal of WHO "Health for all by the year 2025" includes oral health as one among the healthy life. So WHO has selected the theme "Oral health for healthy life "in 1994". The purpose behind this was to make the people aware about various diseases of oral cavity and to educate them in relation to prevention of these diseases.⁹ Oral health is essential for general health and well being throughout the lifespan and is a mark of overall health status. Research and other advances in oral health have led

to safe and effective means of maintaining oral health and preventing dental caries and periodontal disease.⁴

Dental caries, the most common chronic childhood disease, has shifted from being a universal health problem to one primarily afflicting low - income children. Safe and effective strategies for obtaining and maintaining optimal oral health exist, and states, communities, health care providers, and all individuals can contribute for achieving this goal.

[1 - 4].

2. Literature Survey

Jose et al., (2008) did a study on prevalence of dental health problems on 1068 school children of the age group of 12 - 15 years in Vadavucode block, in rural Kerala. Dental examination was done by dental surgeons on 50 - 100 children per day; a small brochure on dental hygiene was given to all. The children were examined for dental caries, gingivitis, retained deciduous teeth, fractured teeth and orthodontic problems. The findings were 54.3% showed evidence of dental caries, 3.18% received treatment, 21% showed evidence of orthodontic problems, 15% had gingivitis, 7% had over retained deciduous teeth and 4% had evidence of trauma to the anterior teeth. It was observed that dental caries was the most prevalent condition affecting the children.⁵

Rehmanet U. R. et al., (2008) conducted a correlational study on dental caries, oral hygiene status and risk factors among 242 adolescents between 11 and 14 years in selected schools in UAE. Oral examination was performed to check for decayed, missing and filled teeth (DMFT) index and simple oral hygiene (OHI - S) score. A questionnaire was used to gather data concerning external modifiable risk factors such as socioeconomic status, oral hygiene practices and snacking habits. The results showed that the DMFT

index in 67.77% of students fell between 0 and 3. The average DMFT was 3.27 and oral hygiene score (OHI - S) was fair. The major component of the DMFT was the untreated decay (D). Half of the students claimed to be familiar with the benefits of fluoride and toothbrush before bedtime. 16% of the subjects were aware of a bad breath problem.⁶

Saravanam V, et al (2008) conducted a study on caries prevalence and treatment needs of rural school in Tamil Nadu. 508 children between the age group of 5 - 10 year were surveyed. Caries prevalence was 71.7% and 26.5% in primary and permanent dentition respectively. The study revealed that dental caries is a significant public health problem and recommended extensive system to provide primary oral health care in the rural area of India.⁷

Costa C, Pereira M et. al 2008 A study was conducted to determine the prevalence of dental caries in a school population of six and 12 years old children from Leiria; to establish a relationship between dental caries and related known risk factors; The prevalence of dental caries was 42% (48% for the 10 year and 33% for the 12 years old groups. Dental caries were more prevalent in males ($p = 0, 01$) and 25% of these had three or more caries. Dental caries was more prevalent in the 10 year old group with a male predominance. Children who brushed their teeth twice a day had less caries and the 12 year old group had more visits to the dentist. Concluded that to ensure adequate oral hygiene habits it is important that parents supervise their children's habits.⁸

3. Problem Definition

A descriptive study to assess the level of knowledge regarding the First Aid Management among school teachers in selected schools of District Jalgaon.

4. Objectives of the study

- 1) To assess the pre test level of knowledge regarding oral hygiene among the school age children.
- 2) To assess the post test level of knowledge regarding oral hygiene among the school age children
- 3) To evaluate the effectiveness of structured teaching programme on knowledge regarding oral hygiene among the school age children.
- 4) To find out the association between the pre test knowledge score with their selected demographic variables.

5. Methods / Approach

An evaluative research approach with pre - experimental design was used for the study. The study was conducted at selected schools at Jalgaon city. The sample comprised of 60 school age children. Sample was selected by using purposive sampling technique. Formal written permission from institution authorities was obtained prior to data collection process. Data was collected using a self structured questioner. Data was analyzed using descriptive and inferential statistics.

6. Result

The analysis of data is organized and presented under the following heading

Description of students according to their demographic characteristic

The results of this study showed that School children were in the age group of 10, 11 and 12 years i. e. 38.3%, 35 %, 26.7 % respectively. . Majority (53.3%) of the males. Most (30%) of the children belong to the income group of 10001 - 15000 per month. . Majority 39 (65.0%) belongs to urban, Majority 24 (40.0%) affected with one dental caries, 15 (25.0%) affected with 3 & above dental caries and 10 (16.7%) with two dental caries Majority 54 (90.0%) used toothpaste, powder, Most 47 (78.3%) of the respondents brush their teeth in the morning, Most of the respondents i. e 40 (66.7%) going for regular dental check up Majority of them got information from parents & friends i. e. 38 (63.35). Knowledge score of school age children regarding oral hygiene showed that the pre - test knowledge score with the pre - test mean of 10.37 whereas the post - test score with a mean of 19.55. Highly significant difference found between the pretest and posttest Knowledge Scores at the level of ($P < 0.001$). The results shows that the calculated Chi - square value is less than Chi - square tabulated value at 5% level of significance & p' value is greater than the acceptable level of significance i. e. 'p'=0.05. So there was no significant association found between the pre - test knowledge score and selected demographic variables. So Null hypothesis is accepted & H2 hypothesis is rejected. Analysis data shows that the post test knowledge score has significantly higher than the pre - test knowledge score at $P < 0.01$ level significance.

This showed that the structured teaching programme was highly effective in improving the knowledge of school age children regarding oral hygiene

7. Discussion

The data were analyzed by applying descriptive and inferential statistics. The results of the study indicated that school age children have inadequate knowledge regarding oral hygiene. But there was an improvement in the knowledge of school age children after structured teaching programme. . The findings of the present study showed that, the post - test knowledge score was higher than the pre - test knowledge score range. The H1 hypothesis is proved and accepted.

So the structured teaching programme on knowledge regarding oral hygiene was highly effective in improving the knowledge of school age children regarding oral hygiene.

8. Conclusion

According to World Health Organization incidence of oral hygiene is still a major health problem in most of the countries affecting 60.90 percentage of school children.

Daily preventive oral care, with proper brushing and flossing, will help stop dental problems before they develop and are much less painful, expensive, and worrisome than treating conditions that have been allowed to progress. It is important to learn how to maintain good dental hygiene from early childhood. The study findings concluded that school age children had inadequate knowledge regarding oral hygiene. The structured teaching program had great potential for accelerating the awareness regarding oral hygiene.

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