

To Assess the Effectiveness of Lecture Cum Demonstration on Knowledge and Practices Related to Brushing and Flossing Technique of Teeth among School Children

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Abstract: India, a developing country faces many challenges in rendering oral health needs. The majority of Indian population resides in rural areas, of which more than 40% constitute children. These children cannot avail dental facilities due to inaccessibility, financial constraints and stagnation of public dental healthcare services. This entails the health professionals to adopt a more practical approach to achieve primary prevention of oral diseases. **Objectives:** To assess knowledge and practice related to brushing and flossing teeth before and after lecture cum demonstration in school children. To compare knowledge and practices related to brushing and flossing teeth before and after lecture cum demonstration in school children. To find association between selected demographic variables and posttest knowledge and practice score. **Methods and Materials:** the study was one group pre test and post test design (quasi experimental research design) population for the study was school children. The sample consist of 30 school children. Inclusion criteria School children of age group of 8-12 year. School children who are willing to participate in the study. School children who know the Marathi language. exclusion criteria School children with physical disabilities. School children with oral diseases. In this study sampling technique used was Simple random sampling. Tools were prepared on the basis of objectives of the study. A structured knowledge questionnaire and observational check list was selected to assess the knowledge and practice of school children regarding brushing and flossing technique. The reliability of questionnaire was done by Pearson's Correlation Coefficient. **Results:** in pre test knowledge 18 (60%) of the school children had average level of knowledge score, 12 (40%) of school children had good level of knowledge score. 12 (40%) of school children had poor level of practice, 13 (43.33%) had average level of practice score and 5 (16.67%) had good level of practice score of children. Post test knowledge 24 (80%) of school children had good level of knowledge score and 6 (20%) of school children had excellent level of knowledge score pre test (13.2) and post test (19.33) knowledge score among school children was found to be 10.82 which is statistically significant at 0.05% level of significance. In pre test practice score 12 (40%) of school children had poor level of practice, 13 (43.33%) had Average level of practice score and 5 (16.67%) had good level of practice score of children. Maximum post test practice 3 (10%) of school children had Average level of practice score and 27 (90%) of school children had Good level of knowledge score. pre test (8.73) and post test (13.6) practice score among school children was found to be 10.11 which is statistically significant at 0.05% level of significance.

Keywords: brushing and flossing technique, lecture cum demonstration

1. Introduction

Today children are tomorrow nation. Keeping in good health status for our children is the wealth for future nation. School is a non-profit educational academy designed to meet the much of student with special need. School concentrate on supplying emotional, physical and intellectual life experience which student require to gain to confidence necessary to lead fuller lives. The goal of School is to provide quality education and circulate the best standard of learning among children with excellence.¹

School going children indicates the children age between 8-12 yrs. This period begins with entrance into the wider sphere of influence represented by the school environment, which has significant impact on development and relationships. The common health problem in school going children are malnutrition, diarrhea, and dental carries, upper respiratory tract infection.²

At any age, prevention of tooth decay is necessary, teaching this lifelong habit is the critical role to helping child teeth, and gum stay healthy as possible. Demonstrate step by step and slowly so child can understand and follow the proper

way to brushing and flossing technique.⁷

2. Methodology

- 1) **Research Approach:** Interventional approach
- 2) **Research Design:** Quasi-experimental design consists of pre-test and post-test
- 3) **Setting Of The Study:** School
- 4) **Sample:** School children studying in 3rd, 4th, 5th, 6th, and 7th standard.
- 5) **Sampling Technique:** Samples will be selected by probability simple random sampling technique.
- 6) **Sample Size:** Sample size for this study is 30.
- 7) **Tool:** Structured knowledge questionnaire including demographic variables and Observation check list on brushing and flossing technique.

Sampling Criteria

Inclusion criteria:-

- 1) School children of age group of 8-12 year.
- 2) School children who are willing to participate in the study.
- 3) School children who know the Marathi language.

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Exclusion criteria:

- 1) School children with physical disabilities.
- 2) School children with oral diseases.

3. Result

The present study has been taken up to assess the effectiveness of lecture cum demonstration on knowledge and practices related to brushing and flossing technique of teeth among school children. Analysis and interpretation are based on objectives of the study. A structured knowledge questionnaire and observational checklist used for data collection. The analysis was done with the help of inferential and descriptive statistics.

Table 1: Distribution of school children according to level of knowledge score, n = 30

Knowledge score	Pre test		Post test	
	No of cases	Percentage	No of cases	Percentage
0-7 (Poor)	0	0%	0	0%
8-14 (Average)	18	60%	0	0%
15-21 (Good)	12	40%	24	80%
22-28 (Excellent)	0	0%	6	20%

The above table no 1 shows that, in pre test knowledge score maximum 18 (60%) school children had average level of knowledge score, 12 (40%) school children had good level of knowledge score. In post test knowledge score maximum 24 (80%) of school children had good level of knowledge score and 6 (20%) of school children had excellent level of knowledge score.

Table 2: Distribution of school children according to level of practice score, n= 30

Practice score	Pre test		Post test	
	No of cases	Percentage	No of cases	Percentage
0-7 (Poor)	12	40%	0	0%
8-11 (Average)	13	43.33%	3	10%
12-16 (Good)	5	16.67%	27	90%
17-20 (Excellent)	0	0%	0	0%

Table. No.2 describes that, in pretest practice score maximum 12 (40%) of school children had poor level of practice, 13 (43.33%) had average level of practice score and 5 (16.67%) had good level of practice score. In post test practice score maximum 27 (90%) of school children had good level of practice score and 3 (10%) of school children had average level of practice score.

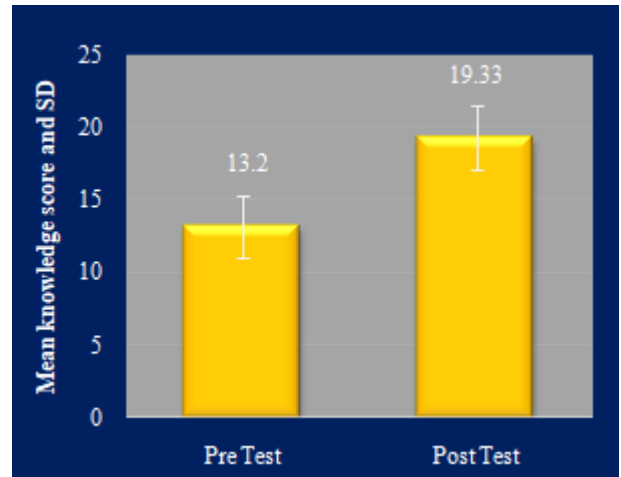


Figure 1: Significance difference between pre and post test knowledge score of school children

Fig.1. describes that post test mean knowledge score was higher 19.33 with SD of ± 2.18 when compared with mean pre test knowledge score which was 13.20 with SD of ± 2.13 . pre test and post test knowledge score among school children was found to be 10.82 which is statistically significant at 0.05% level of significance.

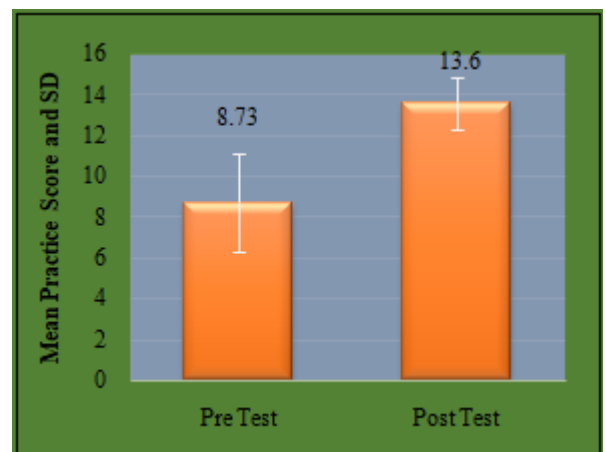


Figure 2: Difference between practices score in pre and post test of school children

Fig.2 reveals that, post test mean practice score was higher 13.60 with SD of ± 1.32 as compared to pre test practice score 8.73 with SD of ± 2.40 . Difference in the pre test and post test practice score among school children was found to be 10.11 which is statistically significant at 0.05% level of significance.

4. Discussion

The interpretation drawn from the findings of the study were based on objectives of the study.

On statistical analysis, it was found that students are having inadequate knowledge in pre-test and planned health teaching helped in enhancing their knowledge.

Similar study was conducted in Chennai India, results found that overall level of knowledge score was statistically significant with $P = 0.004$. There was statistically significant difference with $P = 0.008$ when comparing the frequency of

brushing the teeth twice per day among the two different age groups. Comparing the various other factors such as gender, type of school and age groups to the visit to the dentist, it was observed that statistically significant difference with $P < 0.001$ was found when comparing the female children (75.3%) and male children (60.3%) and $P = 0.002$ observed when comparing the younger and older age group who visited the dentist. study conclude that overall level of oral health knowledge among the surveyed children was low.

The present study conform that there was improvement in knowledge and practice after the lecture cum demonstration and is statistically significant. The overall mean knowledge and practice score present in the pre test is 13.20% and 8.73 And in the post test 19.33% and 13.60% so there is enhancement of knowledge and practice score found.

5. Conclusion

The findings of the present study indicated that students had inadequate knowledge regarding Brushing and Flossing Technique during pre-test. But after the planned health teaching and demonstration of brushing and flossing technique, their knowledge score have increased in the post test, hence the planned health teaching and demonstration is effective in improving knowledge.

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