Knowledge, Attitude and Practices Of School Children and Teachers Of Khammam towards Oral Hygiene

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Abstract

Objectives: This study was conducted to assess the knowledge, attitude and practices of school children and school teachers towards oral hygiene, oral health and also to assess the dentition status in school children in rural and urban areas of Khammam.

Materials and methods: In the present study 700 school students of age group 9-15 years and 100 teachers were included. Data on oral health KAP from school students and teachers were collected by giving a close ended questionnaire consisting of 24 and 31 pre tested questions respectively.

Results: The results of this study show that most of the teachers (98%) said oral health played an important role in general health, whereas only 72.28% of students agreed with this. Most of the teachers (50%) said that brushing regularly, mouth rinsing and regular visit to the dentist will help in preventing dental problems, whereas the majority (28%) of the students answered that brushing regularly prevents dental problems. A maximum number of teachers (93%) said that they knew a clean mouth prevents dental decay, whereas only 73.28% students knew it. A total of 66% of the teachers and 56.85% of students did not know what floss is. A majority of teachers (69%) and 51.42% of students have visited the dentist. Most of the students visited the dentist when they had dental pain. More than 50% of the teachers cleaned their teeth twice daily (62%). Very few (3%) cleaned their teeth after every meal. It was found that 40% of the children brush twice daily. Majority of students used other oral hygiene aids like mouthwash and dental floss. Among children the mean “DMF-T” was 2.68 and the mean ‘D’ was 0.14, the mean ‘M’ was 0.14 and the mean ‘F’ was 0.15.

Conclusions: Results of the present study suggest that the knowledge, attitude and practices (KAP) of school children were less than satisfactory, whereas among school teachers it was found to be just satisfactory. This clearly shows that there is a need to improve the knowledge of school children in particular and school teachers in general. This can be achieved by conducting regular oral health education camps in all the schools and also a large number of community based oral health camps.

Introduction

Indian economy is the world’s tenth largest by nominal GDP. India contains the largest concentration of people living below the World Bank’s international poverty line. 1 In India in general and in particular the deprived communities which suffer the most in the society and so have the most need, have a few option of resources. This holds very true even in dentistry in a country like India. The deprived and thereby disadvantaged social groups have a higher portion of teeth or tooth surfaces with unmet need for treatment when compared to the population of higher class2. School teachers have a lot to do with oral health education programs at school levels in their localities. Schools are found to be a very good option with high capacity of being supportive of programs involving preventive health and preventive dentistry for children3. In India the proportion of children aged 12 - 15 with any known dental decay was higher among lower social classes. This happens in India because 68.84% of them, which accounts for the majority of the population, live in rural areas. (As per census of 2011)4. There are multiple reasons for these children to be more susceptible to dental diseases which include social, economic and demographic factors like lack of awareness, lack of transportation, limited access to professional dental care, lack of perceived need for dental care and lack of all the more basic resources. 2 Oral health knowledge is considered to be an essential prerequisite for health-related practices5, and studies have shown that there is an association between increased knowledge regarding oral hygiene and better oral health. Oral hygiene is considered to be the most important factor in prevention of oral diseases6. Those who have assimilated the knowledge and feel a sense of personal control over their oral health are more likely to adopt self-care practices. Developing such a knowledge plays a key role in improving the oral
health of the rural population. In the present study ORAL HEALTH PROMOTION through Oral Health Education to School Students and Teachers are utilized in an integrated manner for providing services to a selected rural and urban population of Khammam district.

Objectives: To assess the Knowledge, Attitude and Practices of school children and school teachers towards oral hygiene, oral health and also to assess the dentition status in school children. Children should be made aware of proper techniques of oral hygiene maintenance measures through their school teachers, thus making it a self-sustaining program.

Methods

Khammam is the headquarters of Khammam district in Andhra Pradesh state of India. Recently, AP Govt has announced Khammam city as Municipal Corporation, adding 14 villages around it which developed in business with the town. Khammam has an average literacy rate of 82.59%, greater than the national average of 74.04% with male literacy of 87.94% and female literacy of 77.39%. In Khammam, 11% of the population are under 6 years of age.

Sample size and sampling procedure: Mamata Dental College and the hospital are a well-known institution in India and are located in the heart of Khammam city. The majority of field activities of Mamata dental college and hospitals on improvement of oral health of population focus on places, in and around Khammam. Even though the college is serving the population of rural Khammam, the prevalence of untreated carious lesions is still high, especially in children. Initially the list of all the schools in Khammam was obtained from the DDPI office and selected schools from various places in the district were included in the study. Children in the age group range of 9-15 years were included in the study because the treatment needs are high in the permanent dentition. Permit to implement the study was obtained from the concerned authorities, gram Panchayats of Khammam, school headmasters, school teachers and parents of school children. The study was systematically scheduled to spread over a period of 2 months starting from the October 8, 2012. Even though a detailed scheduled plan was prepared well in advance few adjustments and changes had to be made while working it out practically. Voluntary informed consent was obtained from the parents of selected school children and the school teachers before administering the questionnaire and examining.

Methods of obtaining data: The required data for conducting the study was collected and recorded using a printed questionnaire pro forma. A structured questionnaire pro forma was used. This questionnaire in English script was translated into Telugu script (Local language), So that it could be used conveniently during field work. The questionnaire was pilot tested for feasibility and validity. A few modifications were done and the final Proforma was designed. In the present study 700 students and 100 teachers were given a close ended questionnaire consisting of 24 and 31 pre tested questions respectively. A pilot study was conducted on 50 individuals in Thimmarsapeta of Khammam in order to check the feasibility and the clarity of the questions in the pro forma. Few modifications in the questionnaire in terms of rephrasing, certain additions and deletions were done before finalizing the questionnaire. Sufficient numbers of instruments (mouth mirror, straight probe, explorer and tweezers, WHO CPI probe) and required amount of material (gloves, cotton rolls and face mask) were made available to have smooth uninterrupted examination. The examiner used disposable mouth masks and gloves during examination. The sterilization of the instruments was done using both chemical and physical methods. At the end of the day’s clinical examination, the instruments were sterilized in an autoclave.

Implementation Of the Study: Oral examination of school children was done by seating each subject on a chair under daylight using required instruments. The investigator applied dentition status and treatment need index to assess caries experience and the data were recorded in the specially prepared pro forma. The knowledge, attitudes and practices of selected school children and teachers towards oral health was recorded by using the structured questionnaire in local language.

Results

A survey was conducted, to assess the knowledge, attitude and practices of all the school children belonging to 9-15 years of age towards oral hygiene practices and oral health. The school children were also screened for their caries experience using Dentition status and treatment need index. A total of 700 school children aged 9-15yrs were screened. The mean ‘DMF-T’ was 2.68 and the mean ‘D’ was 0.14, the mean ‘M’ was 0.14 and the mean ‘F’ was 0.15. 100 school teachers between 20 and 58 years, from both rural and urban areas of Khammam were assessed for their knowledge, attitude and
practices towards oral hygiene and oral health using a questionnaire. They were later provided oral health education and post-interventional evaluation was done using the same questionnaire to know the effect of oral health education. The knowledge attitude and practices (KAP) of school children were found to be less than satisfactory when the data from the questionnaire were subjected to qualitative assessment whereas among school teachers it was found to be just satisfactory. Post educational intervention KAP assessment showed improvement in their oral health awareness.

Knowledge: Table 1 presents the knowledge of school students and teachers. Most of the teachers (98%) said oral health played an important role in general health, whereas only 72.28% of students agreed with this. Most of the teachers (41%) said that irregular tooth brushing causes stains on the teeth; whereas 35.71% of students said that irregular tooth brushing causes bad breath. Most of the teachers (50%) said that brushing regularly, mouth rinsing and regular visit to the dentist will help in preventing dental problems, whereas the majority (28%) of the students answered that brushing regularly prevents dental problems. A maximum number of teachers (93%) said that they knew a clean mouth prevents dental decay, whereas only 73.28% students knew it. 50% of the teachers and 43.57% of students used fluoridated toothpaste. 27% of the teachers and 22.14% of students used non-fluoridated toothpaste and the remaining didn’t know whether they used fluoridated tooth paste or not. A total of 66% of the teachers and 56.85% of students did not know what floss is. After health education everybody learnt how to use floss. 66% of the teachers said that regular cleaning of the mouth can prevent all the listed dental problems. Among students 30% of them said that regular cleaning of mouth prevents bad smell.

Attitudes: Table 2 presents the attitudes towards oral health. 99% of teachers and 92% of students said that maintaining a healthy mouth is an individual responsibility. 88% teacher and 53.85% students said that improving and maintaining oral health is in their control. After health education even the remaining came to the same opinion. A majority of teachers (69%) and 51.42% of students have visited the dentist.

Practices: Table 3 presents the responses to questions relating to practice. The majority of the teachers said that they used tooth brush and tooth paste to clean their teeth. After health education rest of them understood that it's not healthy to use any other older means of cleaning the teeth. More than 50% of the teachers cleaned their teeth twice daily (62%). Very few (3%) cleaned their teeth after every meal. Most of the teachers brushed their teeth both in horizontal and vertical strokes. 69% of the total individuals changed their brush once in 3 months. After health education they appreciated the loss of efficiency due to fraying of the bristles. The majority (77%) of teachers said that they rinse their mouth after meals. Almost all the teachers answered that they will clean their tongue regularly. 84% of them said that they use a tongue cleaner to clean their tongue. 67% of the teachers used mouthwash in addition to regular usage of brush and toothpaste.

General: Table 4 summarizes the results for general questions relating to teeth and mouth. A majority of them (60%) said that they provide oral health education to school children through health talks.

Discussion: This study assessed the knowledge, attitude and practices of selected school children and school teachers towards oral hygiene and oral health in rural and urban areas of Khammam. In the present study 700 students and 100 teachers were given a close ended questionnaire consisting of 24 and 31 pre-tested questions respectively. After health education majority of the teachers appraised the role of all effects of irregular tooth brushing. After health education majority of the teachers and students came to know that toothpaste contains fluoride and the anti-cariogenic property with fluorides help in reducing dental decay. Most of the students visited the dentist when they had dental pain, which is in accordance with the report by WHO (2008) 8. Almost all of them opined that it is required to visit a dentist periodically to maintain the health of teeth. It was found that 40% of the children brush twice daily. This was very much higher when compared to other studies (Punitha et al2) and is nearly in accordance with the study by Harikiran et al. Where it was 38.5% and WHO study where it was 49%. A significant number of school children though were using tooth brush were not aware of its importance and exact method of using them. After providing oral health education children were found to have gained better knowledge. After health education they came to know that brushing after every meal is more beneficial. The majority of students used other oral hygiene aids like mouthwash and dental floss. This is in accordance with Lorna Carnerro et al9. Although they had poor knowledge most of the teachers provide oral health education to their children. This is in accordance with Ehizele et al10. Teachers wanted more information about oral health and were in
favor of including topics related to oral health in the school curriculum.

Conclusion(s)

Results of the present study suggest that the knowledge, attitude and practices (KAP) of school children were less than satisfactory, whereas among school teachers it was found to be just satisfactory. This clearly shows that there is a need to improve the knowledge of school children in particular and school teachers in general. School teachers can serve as a better way of educating students regarding oral health care, as they play a major role in developing the student’s personality. Parents should also be made aware of their child’s oral hygiene condition and the necessary precautionary measures.

This can be achieved by conducting regular oral health education camps in all the schools and also a large number of community based oral health camps. Efforts must be put in including oral health and hygiene related topics in the school curriculum at a more deeper level.

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