Knowledge, Attitude and Practice of School Teachers Towards Oral Health In Srinagar, Kashmir

Tasneem S Ain

Mds Public Health Dentistry, Kothiwal Dental College & Research Centre Moradabad.

Abstract

Background: School teachers with high calibre of their training can persuade a large number of children thereby play major role in the planning and implementation of oral health preventive programs. Hence, this study was undertaken with the objective of assessing the knowledge, attitude and practice of school teachers towards oral health.

Materials & Method: A cross-sectional questionnaire study was conducted in various government and private schools of Srinagar, Kashmir, India A questionnaire containing three sections to ascertain the Knowledge about oral health among the teachers, Oral health practices among teachers and Teachers' response about oral health education. A convenient sample of 530 teachers was included in the study. Self administered validated questionnaires were distributed among the subjects and the duly filled questionnaires were collected next day from the respondents. Data hence collected was put to statistical analysis.

Results: Around 36% of the teachers believed that dental problems can be prevented by brushing and rinsing mouth regularly, visiting dentists every 6 months and avoiding sweet and sticky foods.

47% of the private school teachers and 20.2% of Govt. school teachers agreed that they try to impart oral health education to their students in schools.

Conclusion: Although not all the teachers have attempted to give oral health education to their children, almost all of them have agreed that it benefits children. There should be an attempt made by the teachers for oral health education to the children. The respondents need to improve their knowledge of dental problems and the reasons for the same. This study highlights the need to tailor oral health counseling of teachers. There needs to be an increased oral health promotion of the teachers so that they can help in an improvement of the growing child's oral health, leading to a disease-free mouth and environment.

Keywords: Knowledge, Oral health education, Attitude, School teachers, Practice.

I. Introduction

Education of oral health awareness to schoolchildren is important.¹ School teachers can play the foremost task in imparting knowledge of the causes and prevention of common oral diseases. In schools children attain knowledge and skills which are needed to achieve their future goals along with hidden potentials are nurtured. Key responsibility of school teachers among other are personality development during elementary education.² School teachers can influence a large number of children by virtue of their training thus possess a major role and responsibility in the planning and execution of oral health preventive programs as school children spend most of their time with their teachers.³ Students follow what teachers do and say. Teachers are considered as role models to transmit values of life. A school-based program is most effective because children are approached at a time when their health habits are forming.⁴ Even the Ministry of Health and Family Welfare, Government of India, accepted in principle National Oral health Policy in the year 1995 to be included in national health policy and launched the National Oral Health care Programme which envisaged the implementation of oral health education, preventive and curative services.⁵Hence, this study was undertaken with the objective of assessing the knowledge, attitude and practice of school teachers towards oral health.

II. Materials and methods

A cross-sectional questionnaire study was conducted in various government and private schools of Srinagar, Kashmir, India for a period of 6months.Permission to conduct the study was obtained from the concerned department. A questionnaire containing three sections to ascertain the Knowledge about oral health among the teachers, Oral health practices among teachers and Teachers' response about oral health education. A convenient sample of 530 teachers was included in the study. Those teachers willing to participate were included in the study.

Self administered validated questionnaires were distributed among the subjects and the duly filled questionnaires were collected next day from the respondents. The confidentiality of the responses was assured to

the participants. Out of total 530 subjects, only 500 completely filled the questionnaire and hence making a final sample of 500; and hence data collected was put to descriptive analysis.

III. Kesuits									
Table 1: Knowledge about oral health among the teachers									
Private teachers	Government	Chi-	df	p-					
n	teachers n	square		value					
(%)	(%)	value							
72 (14.4%)	55(11%)								
			7						
70(14%)	50(10%)								
		15.421		0.051					
40(8%)	33(6.6%)	8							
100(20%)	80(16%)								
	. ,								
			3						
245(49%)	170(34%)	9.675 2		0.009					
35(7%)	50(10%)								
, ,	·								
	the teachers Private teachers n (%) 72 (14.4%) 70(14%) 40(8%) 100(20%) 245(49%)	the teachers Private teachers Government teachers n (%) (%) (%) 72 (14.4%) 55(11%) 70(14%) 70(14%) 50(10%) 40(8%) 40(8%) 33(6.6%) 100(20%) 245(49%) 170(34%)	the teachers Government teachers n (%) Chi-square value 72 (14.4%) 55(11%) 70(14%) 50(10%) 15.421 40(8%) 33(6.6%) 8 8 100(20%) 170(34%) 9.675 2	the teachers Private teachers Government teachers n (%) Chi-square value df 72 (14.4%) 55(11%) 7 7 70(14%) 50(10%) 15.421 7 40(8%) 33(6.6%) 8 2 245(49%) 170(34%) 9.675 2 3					

Results
-

III.

Practices	Percentage		
Frequency of cleaning of teeth			
Once	58(11.6%)	54(10.8%)	
Twice	110(22%)	59(11.8%)	
More than twice	36(7.2%)	46(9.2%)	
After every meal	52(10.4%)	85(17%)	
Frequency of changing a brush			
Once in 3 months	165(33%)	34(6.8%)	
Once in 6 months	62(12.4%)	38(7.6%)	
Yearly once	35(7%)	46(9.2%)	
When bristles fray	32(6.4%)	30(6%)	
Do not know exactly	15(15%)	43(8.6%)	

Table 3: Teachers' response about oral health education					
Oral health education	Percentage of private school teachers	Percentage of government school teachers	Chi-square value	df	p-value
Attempt to give oral health education	235(47%)	101(20.2%)	38.772 2	2	< 0.001
Yes	70(14%)	94(18.8)			

IV. Discussion

A cross-sectional questionnaire study was conducted in various government and private schools of Srinagar, Kashmir, India for a period of 6months. Most of the teachers did not have knowledge about caries and gum diseases. Similar results were found in the previous studies done by Nazeer et al⁶ in which 297 male schoolteachers were selected randomly from 16 public schools. Also studies by Nyandindi et al⁷ have showed a deficient knowledge of teachers about oral health and diseases.

These responses reveal that there is a need of oral health promotions through different oral health programs.

In the present study, there is a daily tooth-brushing practice by all the teachers. This is in accordance with the study by Astrom et al⁸; a study on teacher trainees, in which most of them had reported daily tooth brushing. It indicates that the teachers perform good oral hygiene practices and an intense oral promotion program would help them to impart their knowledge to the schoolchildren.

Our findings have showed that more than half of the private school teachers and nearly half of the government school teachers have attempted to give oral health education.

The study by Nazeer et al,⁶ very few teachers were involved in giving lectures about preventive measures and oral diseases, nevertheless more than 90% of them agreed that these types of lectures were beneficial to the students as in our study. It is in contrast to the study by Raju et al,⁹ where a maximum number of individuals that is 92% made an attempt to give education related to teeth and mouth.

Although most of the teachers in this study have not imparted oral health education to the children, there were a majority who had responded that oral health education is beneficial for the children. The above results are parallel to the studies done by Loupe MJ^{10} Nazeer et al⁸ and Raju et al.⁹The results achieved suggest an encouraging tendency toward an improvement in the level of oral health care among the schoolchildren. They point out the need of intensifying the preparation of schoolteachers in oral health topics

V. Conclusion

The school teachers need to be motivated to increase the awareness among them, that oral health does play an important role in general health. The respondents need to improve their knowledge of dental problems and the reasons for the same. There is a need to improve their oral hygiene practices through promotion of other oral hygiene practices like floss apart from the regular methods for maintenance of a clean mouth. Although not all the teachers have attempted to give oral health education to their children, almost all of them have agreed that it benefits children. There should be an attempt made by the teachers for oral health education to the children.

A simple oral health education manual can be designed for the teachers to answer the educational needs of the pupils. This study highlights the need to tailor oral health counselling of teachers. There needs to be an increased oral health promotion of the teachers so that they can help in an improvement of the growing child's oral health, leading to a disease-free mouth and environment.

References

- [1]. Priya M, Devdas K, Amarlal D, Venkatachalapathy A. Oral health attitudes, knowledge and practice among school children in Chennai, India. J Educ Ethics Dent 2013;3:26-33
- [2]. Kay EJ, Locker D. Is dental health education effective? A systematic review of current evidence. Community Dent Oral Epidemiol 1996;24(4):231-35.
- [3]. World Health Organisation Regional Office for Europe, European Commission and Council of Europe. Introduction to the European Network of Health Promoting Schools. WHO, Public 1999.
- [4]. Lal S, Paul D, Vashisth BM. National Oral Health Care Programme (NOHCP) implementation strategies, Editorial, Indian Journal of Community Medicine 2004;29(1):3.
- [5]. An oral health preventive programme for school children in argentina. www.whocollab.od.mah.se/amro/argentina/.../argentinaoralhealth.html
- [6]. Khan N, Al-Shaafi M, Al-Garawi Z. Dental caries, fluorosis and knowledge of school teachers of Riyadh, Saudi Arabia. Pakistan Oral and Dental Journal. 2000;20:52-62.
- [7]. Nyandindi U, Palin-Palokas T, Milen A, Robison V, KombeN,Mwakasagude S. Participation, willingness and abilities of school teacher in oral health education in Tanzania. Community Dent health. 1994;11:101-04.
- [8]. Astrom AN, Jackson W, Mwangosi IE. Knowledge, beliefs and behavior related to oral health among Tanzanian and Ugandan teacher trainees. Acta Odontol Scand Feb 2000;58(1):11-18.
- [9]. Raju HG, Nagesh L, Deepa D. Oral health promotion and intervention activities carried out in rural areas of Davangere district. A report on GOI-WHO Collaborative Programme 2006-07
- [10]. Loupe MJ, Frazier PJ. Knowledge and attitudes of school teachers toward oral health programs and preventive dentistry. J American Dent Association 1983;107:229-34.