

“A Study To Assess The Knowledge Regarding Oral Hygiene Among The Children Of Age Group 9-12 Years In The Selected School Of Naraingarh District Ambala(Haryana)”.

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Abstract

Objectives: To assess the knowledge of children regarding oral hygiene in the selected school of Naraingarh district Ambala (Haryana).

To determine the association between the level of knowledge among children regarding oral hygiene and their selected socio-demographic variables.

Methodology: A quantitative study by using descriptive design was used, a sample size of 50 children of age group (9-12 years) were selected by using simple random Sampling technique, Semi structured questionnaire were used to assess the level of knowledge regarding oral hygiene among the children of age group 9-12 years in the selected school of Naraingarh district Ambala (Haryana)."

Results: The study revealed that among 50 children majority of children 18(45.84%) had good level of knowledge regarding oral hygiene followed by 14 (34.17%) had average level of knowledge, and 11 (0.83%) had excellent level of knowledge and 7(1.66%) had poor level of knowledge regarding oral hygiene.

Keywords: Knowledge, children, school, oral hygiene.

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I. Introduction

Oral hygiene is the practice of keeping one's mouth clean and free of disease and other problem (e. g- bad breath) by regular brushing of the teeth dental hygiene and cleaning between the teeth. It is important that oral hygiene be carried out on a regular basis to enable prevention of dental disease and bad breath .General guidelines suggest brushing twice a day: after breakfast and before going to bed but ideally the mouth would be cleaned after every meal cleaning between the teeth is called Interdentally cleaning and is as important as tooth brushing. The main purpose of dental hygiene is to prevent the buildup of plaques. Poor oral hygiene allows the accumulation of acid producing bacteria on the surface of the teeth. The acid demineralises the tooth enamel causing tooth decay (cavities). Dental plaque can also invade and infect the gums causing gum disease and periodontitis. In both conditions, the effect of poor oral hygiene is the 23 loss of one or more teeth. Many health problems occur in the mouth, such as oral thrush, bad breath and others are considered as the effects of poor oral hygiene.

Most of the dental and mouth problems may be avoided just by maintaining good oral hygiene. Prevention is always better than cure. Good oral hygiene habits will prevent most of the dental problems. Savings the costly dental treatments, Maintaining good dental hygiene should be a lifelong everyday habit. Awareness regarding the importance of oral hygiene has significantly increased in the developed countries, but the modern dietary lifestyle habits are posing a greater risk for oral health. Healthy teeth not only enable to look and feel good that make it possible to eat. Good oral health is very important to the wellbeing of an individual. Daily preventive oral care, with proper brushing and flossing, will help to stop dental problems.

Dental diseases affecting the child are not same as affecting that adult. The target organs are the same like, teeth, gingival, but the etiopathogenesis are different because, primary dentition is morphologically different, food habits are different from that of adult and poor control over maintenance of oral hygiene leads to common dental problems that include dental plaque, dental caries, malocclusion, gingivitis etc.

NEED FOR THE STUDY

Various studies have revealed that one cannot be said to have good health without proper oral health. Further health for all by the year 2005 can only achieved through the medium of primary health care approach.

The concept of dental health under the theme "health for all" by 2025 AD is a significant issue among human beings because 95% of all human beings have one or other dental problem at least once in their lifetime. The children going to school need to think of the maintenance of proper oral hygiene. Prevention is batter then care in older to develop healthy teeth for children. They should be thought the dental hygiene, dental visits, daily

mouth care, common dental problem and methods of prevention oral hygiene is the single most effectiveness measure for prevention of dental carries if the children are thought preventive methods

Priya M. et al. had conducted a descriptive study on “the dental attitudes, knowledge and practice in school children” on 2012 with the aim to investigate the dental attitudes, knowledge and practice of school children in Chennai using a questionnaire. Descriptive research design was used with the sample of 592 subjects (219 males and 373 females). The sampling technique used was simple random method. Data analysis was done using SPSS version 17.0; t –test was used to the mean values. Chi –square test was used to compare the mean values. Result shows that 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 dentist, it was observed that statically significant difference with $P < 0.0001$ 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. Therefore the conclusion of the study reveals that overall health knowledge among the surveyed children was low.

PROBLEM STATEMENT

A study to assess the knowledge regarding oral hygiene among the children of age group 9-12 years in the selected school of Naraingarh district Ambala (Haryana).

OBJECTIVES

To assess the knowledge of children regarding oral hygiene in the selected school of Naraingarh district Ambala (Haryana).

To determine the association between the level of knowledge among children regarding oral hygiene and their selected socio -demographic variables.

II. Materials Method

A descriptive research design was used to conduct the study in the selected school of Naraingarh district Ambala (Haryana). A sample size of 50 children of age group 9-12 years was selected by using random Sampling technique. Permission was obtained from the research committee of Himalayan School of Nursing and principal of selected Schools of Naraingarh district Ambala (Haryana). The informed consent was taken from the children who willing to participate in the study. Semi structured questionnaire were used to assess the level of knowledge regarding oral hygiene among the children of age group 9-12 years in the selected school of Naraingarh district Ambala (Haryana).

TOOLS FOR DATA COLLECTION

The tool consists of 2 parts

1. Demographic data profile sheet:- Demographic data profile sheet was used for assessment of demographic variables such as age(years), educational standard, age, sex, religion and occupation of father and occupation of mothers and place of residence.
2. Self- structured Questionnaires:- Self-structured questionnaires was used to asses the knowledge regarding oral hygiene among the children of age group 9-12 years in the selected school of Naraingarh district Ambala (Haryana).

III. Data Analysis

Sr. No.	Data Analysis	Method	Objectives
1	Descriptive statistics	Frequency and percentage distribution, Mean, Median, Mode and Standard deviation.	Distribution based of demographic variables To assess the Level of knowledge regarding oral hygiene among the children of age group 9-12 years in the selected school of Naraingarh district Ambala (Haryana).
2	Inferential statistics	Chi-square test	To associate level of Knowledge regarding oral hygiene among the children of age group 9-12 years in the selected school of Naraingarh district Ambala (Haryana).with their selected demographic variables.

IV. Results

TABLE NO 1: Frequency and percentage Distribution of Socio-Demographic characteristics of children.

Sample Characteristics	Frequency(f)	Percentage (%)
A. Educational Standard		
1.1 Sixth	05	10%
1.2 Seventh	24	48%
1.3 Eight	21	42%
1.4 Ninth	00	00%
B. Age in year		
1.1 9-10	00	00%
1.2 10-11	02	04%
1.3 11-12	14	28%
1.4 Above-12	34	68%
C. Sex		
1.1 Male	34	68%
1.2 Female	16	32%
D. Religion		
1.1 Hindu	42	84%
1.2 Muslims	02	04%
1.3 Sikhs	06	12%
1.4 Others	00	00%
E. Occupation of Father		
1.1 Govt. job	08	16%
1.2 Private job	15	30%
1.3 Business	20	40%
1.4 Unemployed	07	14%
F. Occupation of Mother		
1.1 Housewife	36	72%
1.2 Govt. job	01	02%
1.3 Private job	11	22%
1.4 Business	02	04%
G. Place of Residence		
1.1 Urban	44	88%
1.2 Rural	06	12%
1.3 Slums	00	00%
1.4 Others	00	00%

Table 1:- In relation to Majority of children were in 8th standard i.e 42% and 48% children were in seventh standard. In sixth standard there were 10%.according to age Data presented in table 2 shows that majority of children were of age group 11-12 i.e 28%. 68% children were in the age group of above then 12 years. The children in age group 10-11years 04%.according to sex Percentage distribution of ratio among children was 68% while the female children were 32%.majority of religion About 84% children were Hindu.12% Children were in Sikhs and 04% Children were in Muslims.Distribution of father’s occupation i.e. 16% were in govt. job ,30% were in private job,40% were in business and 14% were unemployed. The distribution of Occupation of mother percentage shows that majority of children mother on 72%were housewife ,22% having private job ,04% children mother ware in business and 02% women having govt. job.according to place of residence the majority of children belongs to urban area is 88%and about 12% belongs to urban area.

TABLE-2 Mean, median, mode and standard deviation was used to assess the knowledge regarding oral hygiene among the children of age group 9-12 years in the selected school of Naraingarh district Ambala (Haryana).

Knowledge score	Mean	Median	Mode	Range	SD
children of age group 9-12 years	11.42	25.5	9	17	2.17

Table-2:- The data reveals that the mean knowledge score of children of mean was (11.42), median was 25.5, mode was 9, Range was 17 and standard deviation was 2.17.

TABLE-3Frequency and percentage distribution of level of knowledge regarding oral hygiene among the children of age group 9-12 years in the selected school of Naraingarh district Ambala (Haryana). N=50

Level of knowledge regarding oral hygiene	Frequency (f)	Percentage (%)
Excellent(above 12)	11	22
Good(11-12)	18	36
Average(10-11)	14	28
Poor(9-10)	7	14

Maximum score- 20

Minimum score- 0

Table no 3:It shows that majority of children 18(45.84%) had good level of knowledge regarding oral hygiene followed by 14 (34.17%)had average level of knowledge, and 11 (22.00%) had excellent level of knowledge and 7(1.66%) had poor level of knowledge regarding oral hygiene.

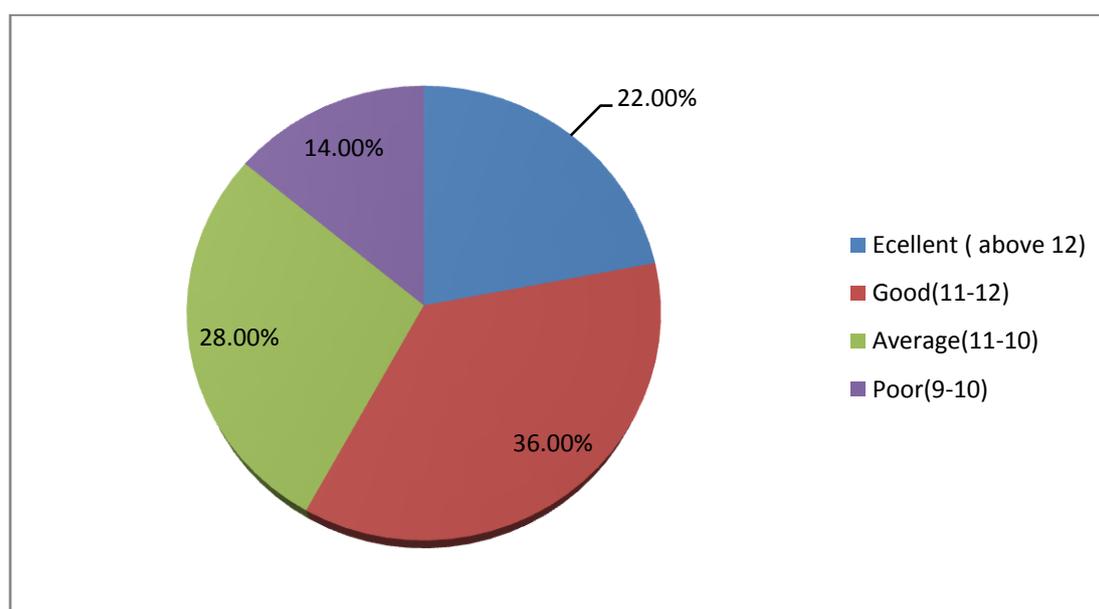


Figure 1:- Pie Chart Showing the level knowledge regarding oral hygiene among the children of age group 9-12 years in the selected school of Naraingarh district Ambala (Haryana).

TABLE-4Chi square showing the Association of Knowledge regarding oral hygiene among the children of age group 9-12 years in the selected school of Naraingarh district Ambala (Haryana).with their selected demographic variables.

N=120

Demographic Variables	Level of knowledge				df	Chi square	Pvalue
	Poor	Average	Good	Excellent			
1. Age (years)							
a. Sixth	0	0	4	1	9	12.00	.213309.NS
b. Seventh	4	8	9	2			
c. Eighth	2	7	5	8			
d. Ninth	0	0	0	0			
2. Age in years							
a. 9-10	0	0	0	0	9	12.00	213309.NS
b. 10-11	0	2	0	0			
c. 11-12	0	3	8	3			
d. Above 12	7	9	10	8			
3. Sex							
a. Male	7	7	10	10	1	02.00	3.84*
b. Female	0	7	8	1			

4.	Religion							
a.	Hindu	5	13	4	10	9	12.00	213309.NS
b.	Muslims	0	0	2	0			
c.	Sikh	2	2	2	0			
d.	Others	0	0	0	0			
5.	Occupations of fathers							
a.	Govt job	2	6	0	0	6	08.00	12.59*
b.	Private	1	2	6	6			
c.	Business	1	5	10	4			
d.	Unemployed	3	1	2	1			
6.	Occupations of mothers							
a.	House wife	6	10	16	4	9	12.00	213309.NS
b.	Govt job	0	1	0	0			
c.	Private job	0	0	1	1			
d.	Business	1	3	1	6			
7.	Place of residence							
a.	Urban	7	12	17	8	9	12.00	213309.NS
b.	Rural	0	2	1	3			
c.	Slum	0	0	0	0			
d.	Others	0	0	0	0			

Table no 4: Hence it was concluded from the table that the H_1 hypothesis is accepted that there was association of knowledge score of nursing students with selected demographic Variables. The data revealed that Sex and occupation of fathers of children were found statistically significant at 0.05 level of significance. Whereas age (years), educational standard, age, religion, occupation of mothers and place of residence were not found statistically significant.

V. Conclusion

It was concluded that there was no significant association of demographic variable age (years), educational standard, age, religion, occupation of mothers and place of residence were not found statistically significant of the knowledge regarding oral hygiene among the children of age group 9-12 years in the selected school of Naraingarh district Ambala (Haryana).

Conflict of interest

There was no such conflict and bias during the study.

Source of Finding

It is self funded research study.

Ethical clearance: No ethical issue exist.

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