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Assessment of Oral Health Status and Self Reported Oral Hygienic Practices With A View to Impart Oral Hygiene Health Talk Among School Children.

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ABSTRACT

The objective of this study is to determine the oral health status, self-reported oral hygienic practice and its correlation. And to find the association between oral health status and self reported oral hygienic practices of children with selected demographical variables.

Methodology: in this study 200 primary school children were selected , data was collected by using structured self- reported practice questionnaire and an oral health assessment observational checklist.

Conclusion: the study reveals that majority of children had poor oral health status and reported poor oral hygienic practise. There was significant association between oral hygienic practice, oral health status with parents education. So awareness programme among children and parents will be helpful to improve oral health status.

KEYWORDS : - Oral health status, oral hygienic practice, school children.

1. BACKGROUND OF STUDY:

India is one of the major emerging market economy with a population of over 1 billion and is very diverse in geography, culture, tradition, habits and even race. This diversity also extends to literacy rates, health indicator rates infant mortality rate (IMR) and hygiene practices[1].

Oral diseases restrict activities in school, at work and at home causing millions of school and work hours to be lost each year the world over. Moreover, the psychosocial impact of these diseases often significantly diminishes quality of life[2].

Childhood oral disease, if untreated, leads to pain, development of dentofacial anomalies and other serious health problems, such as severe toothache, dental abscess, destruction of bone, and spread of infection via the bloodstream[3].

The voluminous literature exists on the status of oral health in the Indian population. Despite several attempts to cure and prevent the disease, its prevalence has increased over the last couple of decades. These changing trends in occurrence of oral health problems need continuous assessment and there is a need for finding the root causes. Thus, review of the past and prediction of the future is the need of the hour.

2. METHOD:

The descriptive survey approach has been used to assess the oral health status and self reported oral hygienic practice among school children in the age group of 10-12yr. 200 children were involved in the study . Structured self- reported practice questionnaire and oral health assessment observational checklist used to assess practices and oral health status.

3. RESULT

3.1. Description and distribution of children according to the oral health status score

Oral health status was assessed using observational checklist, result shows that majority of the primary school children had poor (23%) oral health status and 22% of children had good and very poor oral health status and 18 % had average and 15% had very good oral health status.

Health status of oral cavity	Score range	Deviation	
		f	%

Lips	0-4	73	36.6
Mucosa	0-3	23	11.5
Tongue	0-6	133	67
Floor of mouth	0-3	28	14
Commisure	0-1	2	1
Palate	0-2	6	3
Gingival	0-6	131	65.5
Teeth	0-4	169	84.5
Oral cleanliness	0-2	111	56
Dental pain	0-4	126	63
Halitosis	0-1	92	46

Table I: Distribution of school children according to Frequency and percentage distribution of oral health status of oral cavity

Data in the table 2show that 84.5% children had tooth problems, 67% had problem in the tongue, 65.5% had problems in gingival, 63% had dental pain.

3.2: Description children according oral hygienic practices

Oral hygienic practice was assessed using structured practice questionnaire, result shows that 34.5% of school children oral hygienic practice was poor and 27.5% reported very poor practice and 26.5% reported good and 11.5% of children reported very good oral hygienic practices

Table II Common oral hygienic practices of school children according to frequency and percentage

Oral hygienic practices	f	%
Brushing twice a day	131	65.5
Brushing for 2min	94	47
Rinsing mouth twice daily	120	60
Eating sugar/snacks one time	83	41.5
Visiting doctor as and when required	173	86.5
Cleaning with brush and paste	199	99.5
Changing tooth brush less than 6month	65	32.5

Massaging gum once daily	114	57
Cleaning tongue	149.5	74.5
Never flossing tooth	200	100

The data in the table 3shows that majority of children brush visiting doctor as and when required 86.5%,cleaning tongue with bush 74.5% and results show that maximum children were using brush and paste 99.5%, to cleaning teeth and no one using floss to clean teeth.

3.3: Correlation between oral health status and oral hygienic practices
The correlation between oral hygienic practice and oral health status is 0.73.There is a moderate positive correlation between oral hygienic practice and oral health status.

3.4: Association between oral health status and baseline variable
The value denotes that there is an association for the age (p=0.03), type of family (0.005),education of mother (p=0.001) and farther (p=0.01)with oral health status at 0.05 level of significance. Hence it can be interpreted that oral health status are significantly associated with age of children, type of family, education of mother and father.

3.5: Association between oral hygien ic practices and baseline variables
The value denotes that there is an association for the age (p=0.001) type of family (p=0.02), income of parents (p=0.03), education of mother (p=0.017) and father (p=0.01) with oral hygienic practices at 0.05 level of significance.

4. DISCUSSION
A study was conducted to assess the oral health and the impact of socio-behavioural factors in a cross sectional survey of 12 year old school children in Laos, result shows that Mean DMFT was 1.8, while caries prevalence was 56. Prevalence of gingival bleeding was 99%, with 47% of affected teeth. Trauma was observed in 7% of the children. The overall prevalence of gingival bleeding was 99% and the proportion of teeth affected with gingival bleeding was 47%, which is congruent with present study[9].

These findings are supported by a study on oral health behaviour and prevalence of dental caries among 12 year old school children in Dar-es-Salaam, Tanzania. The results of the study reveals that 92.1% of the children reported about tooth brushing at least once/day, 71.9% used toothpaste. Children reported to consume sugary snacks/drinks more often at home (64.5%) than in school (35.5%). Most of the pupils (76.1%) had never visited a dentist[10].

The findings of the present study showed that there is moderate positive correlation (r=0.73) between oral health status and oral hygienic practice.

These findings are supported by the study conducted in Nigeria to assess dental caries occurrence and associated oral hygiene practices among rural and urban children shows that oral hygiene score was positively correlated (p<0.05) with caries prevalence and the relationship was statistically significant[11].

4.1 Association between oral health status and demographic variables
The results of the present study showed that there was significant association between oral health status and age, type of family, education of parents.

These findings are supported by a epidemiological cross sectional descriptive study was carried out among 1600 school children, to assess prevalence, Severity and Related Factors of Dental Caries in School Going Children of Vadodara showed Positive association was found between dental caries and age, sex, frequency of sugar consumption in between meals[26].

4.2: Association between oral hygienic practice and demographic variables
The results of the present study showed that there was significant association between oral hygienic practice and age, type of family, income, and education of parents

These findings are supported by the study conducted to assess the prevalence of dental caries and related risk factor in 5-13 year old children from Mangalore city shows the caries prevalence was related to age, sex, ethnic group, socio-economic status, dietary pattern including influence of sugar consumption, and oral hygiene habits[7].

CONCLUSION:
Majority of children had poor oral health status and reported poor oral hygienic practise. There was significant association between oral hygienic practice, oral health status with parents education. So awareness programme among children and parents will be helpful to improve oral health status

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