

(ABSTRACT) Health is a fundamental human right. Good health is perquisite of developmental process and human productivity. Health is essential for economical and social development of the country .It is central to the concept of quality of life. Health and its maintenance is a major social investment and is word wide social goal. The sampling technique was simple random with the sample of 30 people between the age group of 20-60, structured interview schedule were used to assess the knowledge. An extensive review of literature and guidance by experts formed the foundation to the development of questionnaires'. The investigator used demographic variable Performa, The data collection tools were validated and reliability was established. The collected data was tabulated and analyzed. Descriptive and inferential statistics were used. The mean value (15.46) and the standard deviation (2.093) in the study shows the percentage of people having adequate knowledge 5(17%), moderately adequate knowledge 19 (63%) and inadequate knowledge 6 (20%) are as follows.

KEYWORDS: Assess, Knowledge, Oral Hygiene, Rural Population

INTRODUCTION

Oral Health is an integral component of general health. It has also become clear that causative and risk factors in oral diseases are often the same as those implicated in the major general diseases (WHO, 2003). The overall health, well-being, education and development of children, families and communities can be affected by oral health.

Elderly population is considered as vulnerable group of population in the world .Though there has been considerable improvement in the oral health of children in the last few decades, dental caries (tooth decay) still remains one of the most commonly occurring oral health given the last priority owing to limited access to oral health services.The goal of WHO, "Health for all by the year 2025", includes oral health as one among the healthy life. [World Health Magazine, 1994] so WHO has selected the theme "Oral health for healthy life" in 1994".

MATERIALAND METHODS

Research Approach Research Design	: Quantitative Research Approach. : Non - Experimental
Setting of the Study	: Poonjeri village, Kanchipuram district.
Population	: Rural population
Sample	: Poonjeri village, Kanchipuram district.
Sample Size	: 30 Rural population who have fullfilled
-	the sampling criteria.
Sampling Technique	: Simple Random Technique.

CRITERIA FOR SELECTION OF SAMPLE INCLUSION CRITERIA:

- 1. Who are all know either Tamil
- 2. Who are willing to participate in the study
- 3. Who are resided at selected area.

EXCLUSION CRITERIA:

1 .Who are not available at the time of study **DEVELOPMENT & DESCRIPTION OF THE TOOL:**

A structured interview questionnaire was developed based on the objectives of the study through review of literature on related studies, journals, and books, opinion from the experts. All these helped in the ultimate development of the tool. The instrument used in this study consists of two sections which are as follows:

SECTION A: It consists of demographic data which includes gender, age group educational status, previous knowledge on oral hygiene, if yes, source of information, do you have any tooth decay, bleeding gums and foul smelling.

SECTION B: It consisted of multiple choice questions which were prepared to assess the knowledge on oral hygiene . The question was related to oral hygiene.

METHOD OF SCORING AND INTERPRETATION:

Each correct answer carries one mark and wrong answer carries '0' mark. The maximum score is '30' and the minimum score is '0'. According to the scores obtained by the samples, it was categorized as follows by the investigators.

- 50% INADEQUATE KNOWLEDGE
- 51-74% MODERATE KNOWLED
- 75% ADEQUATE KNOWLEDGE
- METHODS OF DATA COLLECTION :

The data was collected using structured interview questionnaire.

RESULTS AND DISCUSSION :

The data were entered in data sheet and analysed using descriptive and interferential statistics

- The majority of populations were female (77%).
- The finding shows that the majority (40%) of the population belongs to the age group of 21-30years.& other (40%) of the population belongs to the age group of 31-40.
- The majority of the population were educated till high school (43%).
- The majority of population (53%) had previous knowledge on oral hygiene.
- The majority source of information (33%) were from teachers.
- The majority of the population (53%) had no tooth decay.
- The majority of the population (77%) had no bleeding gums.
- The majority of the population (90%) had no dry mouth.



Figure 1: Shows the knowledge level of rural population on oral Regarding the association there is is a significant relationship between

age, sex, educational status with previous knowledge and knowledge regarding oral hygiene of the sample.

CONCLUSION:

The study aimed to assess the knowledge on oral hygiene among rural population. The results shows that there is significant association on oral hygiene among rural population between the age group of 21-60 years with selected demographic variables. Therefore, investigators concluded that the assessment of knowledge regarding oral hygiene among rural population in poonjeri village is moderately adequate

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