



## "A DESCRIPTIVE STUDY TO ASSESS DENTAL HYGIENE PRACTICES AMONG THE CHILDREN OF SELECTED PRIMARY SCHOOL OF JAITO SARJA".

### Nursing

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### ABSTRACT

A descriptive study was conducted to assess the dental hygiene practices of children at primary school, Jaito Sarja, Batala. The research design used in this study was descriptive research design. Total 100 children of primary school were selected by convenient sampling. The tool used for study was self-structured questionnaires related to dental hygiene practices. Major findings of the study revealed that 50(50%) of school children had fair dental hygiene practices, 48(48%) had good dental hygiene practices whereas 2(2%) had poor dental hygiene practices and no one had excellent dental hygiene practices. The association between dental hygiene practices of primary school children and their demographic variables such as Age, Class, Religion, Parental Occupation and Source of information were found to be statistically significant whereas gender and parental education were found to be statistically non-significant. Hence the research hypothesis H1 stating that "There will be significant association between dental hygiene practices and their selected demographic variables" was accepted at 0.05 levels.

### KEYWORDS

Assess, dental hygiene practices, primary school children.

### 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 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. A considerable population of children in the developing nations is being affected by tooth decay and most of the time their proper treatment is given the last priority owing to limited access to oral health services. The lack of availability and affordability of oral health services does not only result in aggravation of the disease, but also enhances the cost of treatment and care. There is no single country that claims to have caries free children<sup>1</sup>

Health education and prevention is almost non-existent in the country School is a place of learning for the children and is in fact microcosms of the larger community. Schools are the ideal setting for integrating oral health instructions in the curriculum. At the school age, children are receptive to guidance and familiar with the learning environment and culture. School teachers can effectively influence student's knowledge, attitude and practices regarding oral health and can bring change in behavior. It is very important to target oral health education to the children since the lifestyle and hygiene practices once established at an early age can go a long way in the spending rest of the life in a healthy way<sup>2</sup>

### NEED OF STUDY

Whaley and Wong describe that during the school age years, when the permanent teeth erupt, good dental health and regular attention of dental caries are vital parts of health supervision. During this period correct brushing technique should be taught and reinforced.<sup>3</sup>

A study was conducted to find out the prevalence of dental caries among primary school children in India. The study found that the prevalence of dental caries was 68.5% between 6-12 years of age.<sup>4</sup>

As a research based on, it was felt that assessing the knowledge and practice of primary school children regarding oral hygiene is important to reduce the oral health problem and to improve the oral health of the children, as a result of teaching programs.<sup>5</sup>

In order to reach the goals of the WHO, Parents should be made aware of the brushing methods, and the importance of prevention for the children. The rationale of school dental health programs is to improve and motivate the parents and children regarding their dental health and treatment needs.<sup>6</sup>

### STATEMENT OF THE PROBLEM

"A descriptive study to assess dental hygiene practices among the children of selected primary school of Jaito Sarja".

### OBJECTIVES

The objectives of study are:-

1. To assess dental hygiene practices among children of primary school at Jaito Sarja.
2. To find the association between the dental hygiene practices and their selected demographic variables.
3. To provide guidelines about dental hygiene practices.

### HYPOTHESIS

H<sub>1</sub>: there will be significant association between dental hygiene practices and their selected demographic variables.

### DELIMITATION

Study will be delimited to children of primary school of Jaito Sarja.

### MATERIAL AND METHOD

The research design used in this study was descriptive design. Total 100 children of primary school were selected by convenient sampling. The tool used for study was self-structured questionnaire. Part A: consist of 7 questions related to socio demographic variables such as gender, age, class, religion, parental education, parental occupation, source of information.

Part B: consist of self-structured questionnaire of 20 multiple choice questions on dental hygiene practices. Content validity was done by six experts which includes experts in the field of community health nursing, child health nursing, psychiatric nursing, and Medical surgical Nursing. The reliability coefficient of scale was found to be 0.84; hence, the tool was highly reliable.

### RESULT AND FINDINGS

#### Findings related to demographic variables

It was found that male participants were more 56 (56%), as compare to female participant that is 44(44%). Mostly, 56 (56%) participants were come under the age group 9-10 years, 26 (26%) were under the age group of 7-8 year whereas 18 (18%) were between 11-12 years. Regarding the class; 27 (27%) were studying in the 5<sup>th</sup> class, 21 (21%) were in the 4<sup>th</sup> class, 34 (34%) were in the 3<sup>rd</sup> class, 18 (18%) were in the 2<sup>nd</sup> class. Majority 32 (32%) of them were Sikh, 19 (19%) of them were Hindu, 18 (18%) of them were Christian and 31 (31%) of them were Muslim. Parental education revealed that 53 (53%) of parents had primary education, 10(10%) of parents had secondary education, 14(14%) were educated up to matric and 23 (23%) of them were illiterate. Parental occupation depicted that Most of the parents were laborer i.e. 73(73%), 18 (18%) of them were doing government job, 6(6%) of them were doing own business and 3(3%) of them were doing private job. Their source of information revealed that majority 43(43%) of them preferred television, 41(41%) of them relied on parents. On the other side 12(12%) of them relied on newspaper and

4(4%) of them relied on friends for source of information.

#### Findings related to dental hygiene practices among school children of primary school of Jaitosarja.

LEVEL OF PRACTICE	FREQUENCY	PERCENTAGE
Poor practice	2	2%
Fair practice	50	50%
Good practice	48	48%
Excellent practice	0	0%

The result revealed that majority 50(50%) of school children followed fair dental hygiene practices, 48(48%) followed good dental hygiene practices whereas 2(2%) followed poor dental hygiene practices and no one followed excellent dental hygiene practices.

#### Finding related to association between dental hygiene practices and their selected demographic variables.

The association between dental hygiene practices of primary school children of Jaitosarja with their demographic variables revealed that there was significant association found between the demographic variables such as Age, Class, Religion, Parental Occupation and Source of information and the dental hygiene practices hence, the research hypothesis  $H_1$  stating that "There will be significant association between dental hygiene practices and their selected demographic variables" was accepted at 0.05 levels. Whereas for the other variables such as gender and parental education the research hypothesis  $H_1$  was rejected at 0.05 level.

#### DISCUSSION

The present study revealed that majority follow fair practices that is 50%, where as 48 % follows good practice and only 2% follow poor practices. It is supported by a cross-sectional study conducted on 599 children among 11-14 years old children in Bhopal India to assess the dental hygiene practices in relation to oral health and oral health behaviors. It was found that 67% follow the fair practices, 26% of the children follow the good practices and 10% follow the poor practice<sup>7</sup>.

The demographic variables analyzed in the study were gender, age, class, religion, parental education, parental occupation, source of information. There was no significant association found between the level of dental hygiene practices and demographic variables such as gender, parental education, parental occupation, and source of information.

It is supported by a study conducted among 250 children attending the department of periodontology, Maulana Azad on Dental Science for oral prophylaxis. Structured questionnaire tool was used to collect data from sample. In this 83.6% of females possess more knowledge than the males. There was no statistically significant association between gender ( $p > 0.05$ ).<sup>8</sup>

Another study was conducted in US on 18100 adults which depicts that literacy level is directly related to dental hygiene practices. More is the literacy, less were the dental caries or problems in people. There was no statistically significant association between parental education, parental occupation ( $p > 0.05$ ).<sup>9</sup>

There was significant association found between the level of dental hygiene practices and their age, class and religion.

This is supported by a study was conducted by WHO in San Antonio on 200 children in September 2002 regarding study of oral health depicts that oral hygiene is higher in higher ages due to more awareness in them. There was statistically significant association between age, class ( $p > 0.05$ ).<sup>10</sup> Another study conducted on 512 school children of Kerala among 3 religions showed that there was statistically significant association between religion ( $p > 0.05$ ).<sup>11</sup>

#### CONCLUSION

The results of the present study revealed that majority follow the fair practice that is 50%, whereas 48 % follow best practice and only 2% follow poor practices. Enforcing good oral hygiene habits early in a child's life is essential for his overall well-being. It is important for parents to teach children the proper way to brush their teeth with fluoride toothpaste, to take them for regular dental check-ups, and to serve foods that will help strengthen teeth.

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