Oral health knowledge, attitude and practice among school children in Kerela, India

Dr. Radha Sharma1, Dr. Girish Kumar2
1 Professor, Sri Sai College Of Dental Surgery, Vikarabad, Telangana, India
2 Post Graduate Student, Sri Sai College Of Dental Surgery, Vikarabad, Telangana, India

ABSTRACT: In order to organize community-oriented health promotion programs, a systematic analysis of oral health, including information on oral health knowledge, attitudes and practices (KAP), would be necessary. Aim: The aim of this study was to assess knowledge, attitude and practice (KAP) in the field of oral health among children aged 7-12 in various Govt., and private schools of Calicut, Kerela. Materials and methods: A cross-sectional study was conducted among children aged 7-12 in different governments, and private schools of Calicut, Kerela. A convenient sample of 600 students was selected for the study. A 14-element, pre-developed, self-administered questionnaire was distributed among the respondents. The confidentiality of the questionnaire reply was provided to the participants. The questionnaire contained questions about the basic knowledge of oral health, as well as those related to the attitude and practice in oral health. Properly completed surveys were collected on the same day from respondents to avoid parents' influence on student responses. Results: About 31% of respondents received information on oral health from their parents; 20.75% from dentists; about 18% from friends; 16.6% get information from teachers, while the rest gets information from relatives, TV and radio. The majority (77.35%) of children are afraid of visiting the dentist, thinking that dental treatment causes pain. The majority (79.05%) of students brushed their teeth; 18.1% of children washed their teeth twice; 1.88% brushed teeth sometimes; and 0.94% did not brush teeth at all. Conclusions: It was found that knowledge about oral health among children was poor and needs improvement

KEYWORDS: Oral Health, Children, Knowledge

1. INTRODUCTION

Diseases of the mouth are considered to be the main public health problems due to their high prevalence and prevalence. Oral health is essential for overall health and well-being. A healthy person can lead a socially healthy life, because he can communicate well, smile, eat and socialize without
feeling uncomfortable or embarrassed. Knowledge of health in the mouth is the basic condition for maintaining health. (1) It has been reported that Indian children have low levels of oral health awareness and practice compared to their western counterparts. (2) Around 90% of school-age children are broad and most adults have experienced decay and the disease is most prevalent in Asian and Latin American countries. (3) More than 50 million lessons are lost every year due to oral health problems that affect school performance and successes in later life. (4) Behavioral models according to authorities in the child's life, such as teacher, dentist, midfielder or siblings can be a powerful tool. (5) Because children spend a lot of time at school, teachers can help in dental education programs. (6) A change in a healthy attitude and practice can be caused by giving topics relevant information, motivation and practice. To create such health education, it is necessary to assess knowledge, attitudes and practices. Therefore, a study was conducted among school-aged children in Kerala, India to assess oral health knowledge, attitudes and practice.

II. DISCUSSION

A cross-sectional study was carried out among 7 to 12 year old school children of various govt. and private schools of Calicut, Kerala. A convenient sample of 600 students was selected for the study. All the students willing to participate were included in the study. One day prior to the conduct of the study, permission was taken from the Principals of the respective schools and they were briefed with the purpose of the study. Then after obtaining the permission from the school heads; the 14-item pre-formed, self-administered validated questionnaire was distributed among the study subjects. The confidentiality of the responses to the questionnaire was assured to the participants. The questionnaire included the questions regarding the basic oral health knowledge and also those related to attitude and practice towards oral health. One of the investigators was available to clarify their doubts about any point during the course of completing the questionnaire. The duly filled questionnaires were collected the same day from the respondents so as to avoid the influence of parents on the responses of the students. Among 600 participants, 530 completely gave their responses; so a final sample of 530 questionnaires were included in the descriptive statistical analysis.

QUESTIONNAIRE REGARDING ORAL HEALTH

1. Where do you acquire information about oral health?
   a) Friends
   b) Relatives
c) Teachers
d) Television
e) Parents
f) Radio
g) Dentists

2. Tooth decay makes me look ugly. Y  N
3. Keeping natural teeth is not that important. Y  N
4. I am scared of going to a dentist as it may be painful. Y  N
5. Regular visits to the dentist are not so important. Y  N
6. Brushing teeth can improve my oral health. Y  N
7. Eating sweets does not cause tooth decay. Y  N
8. How often do you brush your teeth?
   a) Once  b) Twice  c) Sometimes  d) Nil
9. Do you use fluoride containing tooth paste? Y  N
10. Did you miss your classes due to tooth problem during past 1 year?
11. When did you last visit the dentist?
    a)1 year before
    b)2 years before
    c)6 months before
    d)Never

12. Do you eat fresh fruits?
13. Do you take soft drinks?
14. Do you avoid smiling because of your teeth?

Q1. Where do you get information about oral health?
   a) Friends  b) Relatives  c) Teacher  d) Television  e) Parents  f) Radio  g) Dentists
   A. About 31% of respondents received information about oral health from their parents; 20.75%
      from dentists; about 18% from friends; 16.6% get information from teachers, while the rest gets
      information from relatives, TV and radio.
   Q2. Tooth decay makes me look ugly.
A. 60.37% of children thought that caries made them look ugly, while 39.62% of children did not agree with the same.

Q3. Keeping natural teeth is not so important.
A. 50.94% thought that keeping their natural teeth was not so important, while 49.05% made it important to maintain their natural teeth.

P4. I'm afraid to go to the dentist because it can be painful.
A. Most (77.35%) children were afraid of visiting the dentist, thinking that dental treatment causes pain.

Q5. Regular visits to the dentist are not so important.
A. Many (62.26%) of respondents did not consider a regular visit to the dentist to be important, while 37.73% considered it important.

Q6. Brushing teeth can improve my oral health.
A. About 54% of respondents thought that brushing could improve their oral health, and 46.22% did not agree.

Q7. Eating sweets does not cause tooth decay.
A. More than half (52.83%) of children believed that eating sweets did not cause tooth decay, while 47.16% believed the other way round.

Q8. How often do you brush your teeth?
   a) Once b) Twice c) Sometimes d) No.
   A. Most (79.05%) students brushed their teeth once; 18.1% of children washed their teeth twice; 1.88% brushed teeth sometimes; and 0.94% did not brush teeth at all.

Q9. Do you use a fluoride toothpaste?
A. Most respondents (80.75%) did not use fluoride toothpaste, while a small proportion (19.24%) used fluoride toothpaste.

Q10. Have you missed your classes due to a dental problem over the last year?
A. 74.71% of the respondents left the classes due to dental problems, while the rest (25.28%) did not overlook the classes because of this.

Q11. When was the last time you visited the dentist?
   a) 1 year before b) 2 years before c) 6 months before d) Never
   A. 41.5% visited the dentist within one year; 27.54% visited 2 years earlier; 25.09% went to the dentist six months earlier; while 5.84% have never visited any dentist.
Q12. Do you eat fresh fruit?
A. 56.03% children did not eat fresh fruit, and 43.96% ate fresh fruit.

Q13. Do you take non-alcoholic beverages?
A. About 56% of children were used to non-alcoholic beverages, while 42.45% were not used to taking non-alcoholic beverages.

Q14. Do you avoid smiling because of your teeth?
A. 53.96% avoided smile before others because of their teeth, while 46.03% did not avoid this.

In this study, approximately 31% of respondents received information about oral health from parents; 20.75% from dentists; about 18% from friends; 16.6% get information from teachers, while the rest gets information from relatives, TV and radio. This statement was consistent with previous studies conducted by Sohail Chand i

Muhammad Arfan 7, in which the role of parents turned out to be very important in developing healthy habits among young children. Also in the previous study, Varenne et al. 8, many children living in urban areas received information from their parents about oral health; whereas, contrary to this statement, the participants of the Harikiran AG et9 study. Aluminum. received information on oral health mainly from television. Differences in the results of different studies may result from different levels of parents' education, as well as due to differences in levels of awareness about oral health among parents.

In the present study, many (62.26%) of respondents did not consider a regular visit to the dentist as important, while 37.73% considered it important. 50.94% thought that maintaining their natural teeth was not so important, and 49.05% attended to the preservation of their natural teeth. These findings were similar to previous studies in which the majority of children aged 4 years

urban areas reported that tooth cleaning and regular dental visits may prevent oral diseases.8

The majority (79.05%) of students brushed their teeth; 18.1% of children washed their teeth twice; 1.88% brushed teeth sometimes; and 0.94% did not brush teeth at all. Most respondents (80.75%) did not use fluoride toothpaste, while a small part (19.24%) used fluoride toothpaste. These results were in line with previous studies in which few participants reported brushing at least twice a day, and very few used fluoridated toothpaste.10 The absence of both oral and pediatric health education can also explain these findings.
Fear of pain is one

**III. CONCLUSION**

It was concluded that oral health knowledge among children was poor and needs to be improved. Therefore, there is an urgent need to educate and motivate children as well as the community as a whole, about oral health and related problems.

**REFERENCES**


