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Effectiveness of Structured Teaching Programme on Knowledge Regarding Oral Hygiene among School Children in St. Bennedict School, Bangalore

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Abstract

Introduction: - Oral hygiene is the important part of the basic care. It helps to maintain a healthy state of the mouth, teeth, gums and lips. Brushing teeth removes food particles plaque and bacteria, messages the gums and relieves discomfort resulting from unpleasant odors and taste. Complete oral hygiene gives a sense of well being and thus can stimulate appetite.

Objectives: - 1.To assess the pre-test knowledge regarding oral hygiene among school children.2.To assess the post-test knowledge regarding oral hygiene among school children.3.To assess the effectiveness of structured teaching programme in terms of improvement in knowledge regarding oral hygiene among school children.4.To find an association between levels of knowledge regarding oral hygiene among school children and selected demographic variables.

Design:-Pre-experimental design (one group pre-test post-test design) was used to study effectiveness of STP. 30 school children from St.Benedict School, Bangalore were recruited by non-probability convenient sampling method. Necessary administrative permission was obtained from concerned authority. Structured interview schedule was used to elicit the baseline data and structured questionnaires were used to elicit the knowledge of school children.

Setting:-The study was conducted at St.Benedict School, Bangalore, 30 samples were selected for the present study.

Result: - The study revealed that among 30 school children, 2 (6.66%) school children had adequate knowledge, 28(93.33%) school children had moderately adequate knowledge & there was no inadequate knowledge found in the post-test score. The mean pre-test knowledge score of school children was 10.1, whereas the mean post-test knowledge score was 18.8. The obtained 't" value was 10.48 which was found statistically significant 0.05 levels.

Conclusion :- The study concluded that the structured teaching programme on knowledge regarding oral hygiene among school children in selected school, Bangalore carried out in the study was found to be effective in the improving knowledge of school children as evidenced by the significant change between pre-test and post-test knowledge score.

Keywords: - *Effectiveness, Knowledge, Structured Teaching Programme, School Children, Oral Hygiene.*

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Introduction

Children are the future of our society and special gifts to the universe. Today's children are the tomorrow's citizens taking care of the children and their families has always been challenging but has become increasingly more complex. Children are most important age group

in all societies. Health status and health behavior of later life are laid down at this stage. Child health care should includes specific biological, psychological needs that must be met to ensure the survival and healthy development of the child.[1]

Oral health is a vital component of overall health, which contributes to each individuals well being and quality of life by positively affecting physical and mental well-being, appearance and interpersonal relations. Oral health is essential to general health and well being throughout the life span and is maker for overall health status. Research and other advances in oral health have lead to safe and effective means of maintaining oral health and preventing dental caries, periodontal disease, and gingivitis. The beginning of school health service in India dates backs to 1909 when for the first time medical examination of school children was carried out in Boroda city. In 1953 the secondary education committee emphasized for the need medical examination of peoples and school feeding programmers. In 1960 the government of India contributed a school health committee to assess the standard of health and nutrition of school children and suggests ways to improve them.[2]

Children with disabilities and special needs are at a higher risk of health problems. Special needs of children include extra help to achieve and preserve physical health, including dental health. A clean mouth is most essential requirement for good health. Children with special needs have enough problems without having poor health due to poor oral health adding to their other life problems. Special needs of the children are those who have special requirements due to developmental, physical, emotional or behavioral conditions who need help from caregivers and associated services. Common oral problems such as tooth decay or gum disease put all children and adults at risk for other health problems. However special needs children often have more oral health problems than the general population. For instance children with disabilities may have problems with mobility, behavioral problems, neuromuscular problems, cognitive problems, gastro-esophageal reflux problem and seizure. These problems may make it impossible for disable children to tend to their own oral care, which puts them at risk for tooth decay, gum disease and other health problems.[3]

Statement of Problem:-

"A study to assess the effectiveness of structured teaching programme on knowledge regarding oral hygiene among school children in a St. Bennedict School Bangalore."

Objectives:-

- To assess the pre-test knowledge regarding oral hygiene among school children.
- To assess the post-test knowledge regarding oral hygiene among school children.
- To assess the effectiveness of structured teaching programme in terms of improvement in knowledge regarding oral hygiene among school children.
- To find an association between levels of knowledge regarding oral hygiene among school children and selected demographic variables.

Hypothesis:

$\mathbf{H_1}$: There will be significant difference in pre-test and post-test knowledge level in oral hygiene among school children.

$\mathbf{H_2}$: There will be significant association between post-test score and selected demographic variables.

Materials & Method

The research design adopted for this study is Evaluative research approach. The research design used for this study is one group pre-test post-test design which belongs to the pre-experimental study.

The study was conducted in St. Bennedict School, Bangalore. The sample size of this study comprised of 30 school children from St. Bennedict School Bangalore, who met the inclusive criteria were selected through the non-probability convenient sampling technique. Structured knowledge Questionnaire was used as a research tool. Since, it is considered to be the most appropriate instrument to elicit the response from subjects. The reliability of the tool was established by using split half method and Karl Spearson's formula. It was found 0.99 for structured knowledge questionnaire and tool was considered reliable for proceeding with main study.

A letter requesting permission was sent to the concerned authority of the St. Bennedict School Bangalore, prior to the data collection during the

month of March 2018, and permission was granted for the same. The data was collected in the month of July, 2018 at St. Bennedict School, Bangalore. The data was collected from 30 school children using non-probability convenient sampling. The purpose of questionnaire was explained to the samples with self -introduction. The questionnaire was distributed to the school children and they took 20-30 minutes to fill up the answers for the questions and they were very co-operative. After conducting the pre-test, they were given structured teaching programme and post-test was conducted within one week using the same tool used for the pre-test.

Findings

Description of pre-test and post-test knowledge of school children regarding oral hygiene

Table No. 1: Frequency, percentage, mean and standard deviation of pre-test and post-test knowledge score of school children N=30

Knowledge level	Category	Classification of school children			
		Pre-test		Post-test	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Adequate	>75% Score	0	0	2	6.66
Moderately adequate	51-75% Score	2	6.67	28	93.33
Inadequate	< 50% Score	28	93.33	0	0
Total		30	100	30	100

The data presented in the table-1 shows that 28 (93.33%) school children had inadequate knowledge, 2 (6.67 %) school children had moderately adequate knowledge and no one had adequate knowledge in pre-test.

Whereas 2 (6.67%) school children had adequate knowledge, 28(93.33%) school children had moderately adequate knowledge and no one found inadequate knowledge in post-test.

Table No.2: Mean, Standard Deviation and paired‘t’ test to determine the effectiveness of structure teaching programme on bedsore & its management among school children N=30

Max score	Mean	SD	Mean difference	paired “t‘ test	Significance
Pre-Test	10.1	3.5	8.7	10.48	0.05*
Post-Test	18.8	2.5			

The data presented in a table-2 shows that the obtained [t] value was 10.48, which was found with statistically significant at 0.05 levels.

Discussion

Structured teaching programme was found to be an affective educative method for improving the knowledge of school children regarding oral hygiene. The findings were similar to other studies, which shown that school children having very less knowledge on oral hygiene. In the present study results revealed that obtained [t] value was 10.48, which were found with statistically significant at 0.05 levels.

Conclusion

The study concluded that the structured teaching programme on knowledge regarding oral hygiene among school children carried out was effective in improving the knowledge of school children as evidenced by the significant change between pre-test and post-test knowledge score.

Conflict of Interest: None.

Source of Funding: - This study was self financed.

Ethical Clearance:- Ethical permission was taken from St.Benedict school authority. The study was conducted keeping all the ethical issues in mind. Consent was taken from all the samples of the study. The information provided by the sample was kept strictly confidential and were used for the purpose of research only.

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