

Original Research

Assessment of knowledge about oral hygiene aids and maintenance in parents of school going children: An original research

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ABSTRACT:

Aim: The aim of this study was to assess the knowledge, attitude, and behavior of school children towards oral health. **Objective:** To assess the level of knowledge of parents of school going children about oral hygiene aids, such as toothbrushes, toothpaste, mouthwash, floss, and inter dental brushes. To evaluate the level of knowledge of parents of school going children about oral hygiene maintenance, such as frequency of brushing, proper brushing technique, and the role of diet in oral health. To identify the demographic factors, such as age, gender, education level, and socioeconomic status, that influence parents' knowledge about oral hygiene aids and maintenance. **Methodology:** A descriptive study was conducted among one hundred parents of preschool children visiting pediatrics outpatient department. Paper and pencil based semi structured questionnaire was used for collecting data. **Result:** Awareness among parents was significantly lower in low socioeconomic groups. Their attitude toward dental treatment differed significantly from high socioeconomic who group preferred going to the pediatric dentist. The results of this study indicate that parents of school going children have a basic understanding of oral hygiene practices, but there are still some areas where knowledge can be improved. This finding is consistent with previous studies that have highlighted the importance of oral health education and promotion among parents to improve oral health outcomes in children. **Conclusion:** This study aimed to assess the knowledge of parents of school going children about oral hygiene aids and maintenance, and to identify potential gaps and strategies to improve oral health awareness and practices among this population. The findings of this study suggest that while most parents have a basic understanding of oral hygiene practices, there are still areas where knowledge can be improved.

Keywords: Oral health, Parents, Treatment modalities

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INTRODUCTION

General oral health has a great impact on the individual's overall health and well-being. It was defined by the WHO as "a state of being free from chronic mouth and facial pain, oral and throat cancer,

oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing.[1].Dental caries are not only causing pain,

discomfort, sleeping, and difficulty in eating but also considered to be one of the main causes of absenteeism from school which consequently affects the overall school performance of the child.[2] Oral hygiene is also a good interpreter for periodontitis. Person who uses adequate oral hygiene practices for significant duration has insignificant signs of gingivitis and attachment loss[.3-4]Special children also have substantial limitations in performing day-to-day activities which also require parental assistance for toothbrushing. Special children generally have increased dental caries due to the lack of oral hygiene maintenance. Compromised gingival and periodontal health occur due to impaired immune system and connective tissue disorders which indirectly affect the oral health condition of special children. Attrition of the enamel due to bruxism is commonly seen in children with cerebral palsy. Hypotonic muscles and uncoordinated chewing tends to accumulate more food in the mouth in children with cerebral palsy and thus harbors microorganisms which causes dental caries.[5,6].The purpose of using tooth cleaning aids like chewing stick, toothbrush with locally made powder, herbal toothpaste or fluoride containing toothpaste, is to attain good oral hygiene [7] compatible with good oral health. Oral hygiene maintenance through regular removal of dental plaque, food deposits and debris is relevant in the prevention of dental caries and periodontal disease [8]. Oral hygiene measures have been practiced by different populations globally since many years ago. In rural areas, the brushing habits of some children are highly unsatisfactory [9].Many of these oral diseases are preventable through education about risk factors. Oral hygiene is a critical factor in maintaining good oral health, and subsequently is related to overall health and quality of life. The most effective method for preventing dental caries or periodontitis is the removal of dental plaque by regular and proper

Table 1: Comparison of mean Oral Hygiene Index-Simplified score before and after the oral health education program

	N	Oral hygiene index	P
Before	197	3.67=0.98	0.007
After	197	2.26=0.85	0.007
Test applied-	Paired test		

Table 2: Oral hygiene practices among the study population (n = 917)

Which one of the following do you use as a primary tooth cleaning aid?	(N)	Percentage(%)
Toothbrush and paste	540	60.3
Miswak	297	35

mechanical cleaning of the teeth, a key step in maintaining oral health [4,12,13].

AIM

Dental caries is a major public health problem with a high prevalence and incidence among schoolchildren, especially in low-income populations. The aim of this study was to assess the practices, knowledge, and attitude of primary schoolchildren toward oral health and dental care as well as to evaluate the factors that determine these variables

METHOD

A cross-sectional study was conducted to determine the level of OHP among 12-15 years old students in the selected Middle schools. Data was collected from 580 study participants through structured interviews using a predetermined questionnaire. Pearson's chi-square test and multiple binary logistic regressions were used to analyze and infer the data.

RESULT

Out of total 270 parents 78(33.2%) were uneducated and 180 (72.8%) were educated 170 (69%) were mothers and 90 (37%) were fathers. Children who visited hospital for pain were 183 (73.2%), 45 (18%) visited hospital for pain and swelling & 25(10%) visited hospital for pain swelling and fever. Parents who responded that it was unnecessary to restore the primary teeth of their children were 210(85%) because they consider milk teeth unessential as they will shed off sooner or later. Parents who cannot afford the treatment are 40 (17%) and 15 (5%) gave reason that they don't have time to go for restorative treatment for milk teeth of their children. Children who started tooth brushing at the age of 4 were 80 (35%) who started at the age of 5 were 70 (30%) and 108 (48%) of children did not start toothbrushing till the age of 12.

Dental floss	19	1.5
Tooth picks	70	8.4
How often do you brush your teeth?		
Once daily	600	65.5
Twice daily	180	22.3
Rarely	155	18.7
Do your parents supervise you while brushing?		
Yes	301	35.4
No	580	67.5
Not aware	65	8.32

DISCUSSION

Changing personal behavior from health damaging to health promoting is a major target of intervention strategies. Traditionally, this has been done by providing information, education and counseling. This study demonstrated that a school-based, easy-to-organize, inexpensive educational intervention can be effective in improving oral cleanliness in 12–15-year-old children. The subjects were randomly chosen and had comparable background characteristics; had similar age ranges and socioeconomic status, and were from the same school locations within a city. This study tested the effectiveness of a dental health program and found that the children after receiving the program had significantly lower mean OHI-S scores and greater know-ledge about oral health.

CONCLUSION

This study sheds light on a new dimension of the significant role of pedodontic triangle in organizing dental health awareness programs for parents. There is need to create more awareness about the knowledge and importance of the first dental visit among the society. It is worthwhile to attempt regular oral health promotion education programs, with stress on attitude toward treatment modalities for their children.

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