



“KNOWLEDGE REGARDING CHILD TO CHILD PROGRAMME ON DENTAL HYGIENE AMONG SCHOOL GOING CHILDREN”.

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ABSTRACT

Background: Dental caries is the major oral health condition in developing countries, affecting 60-90% of the school children and vast majority of adults. In India, the prevalence of dental caries is reported to be 50-60%. **MATERIAL AND METHOD:** evaluative research approach and structured close ended questionnaire with Observational checklist. **Statistical method:** Student T test and chi-square test used. **Result :** The level of knowledge in pre-test majority of the respondent had average knowledge 52%, 40% of respondent had poor knowledge whereas 8% had good knowledge., whereas The level of knowledge of elder child's in post -test majority of the respondent had good knowledge 56%, 32% of respondent had average knowledge, whereas 12% had poor knowledge . The post test mean 9.84 is higher than the pre test mean 6.12 level of knowledge with standard deviation 2.48 and 2.27 respectively. This indicates that structured teaching programme was effective in increasing the knowledge of School going children in Govt. Secondary school Indore. There is no significant association between pre-test knowledge score of elder children regarding child to child programme on dental hygiene when compared to age, gender , source of information , no. of sibling except types of school of the elder children (the calculated value $\chi^2= 12.40$ and table value 9.49) at level 0.05 level.

Key words : Child to child Programme , School going children.

INTRODUCTION:

Dental caries affects more than half of the school age children and is the most common disease for that age group. School ages are lost because of dental problems and dental visit, with poor children reporting almost 12 times restricted activity day due to dental related illness than higher income children. Child to Child is an approach to health education of the primary school-age child. In developing countries, infants and young children spend much of their lives in the care of an older brother or sister. Between 11% to 72% of poor children have been found to have early childhood caries. One study found that school age dental decay could be predicted in

toddler by determining the frequency of brushing and other variables. This suggests the importance of regular brushing or young children.

NEED OF THE STUDY:

Since the late 1980's the health authorities has given emphasis to preventive oral care and oral health education in order to improve the oral health behavior of the public, with respect to the child population, behavior modification may be a family responsibility.

PROBLEM STATEMENT:

“A study to evaluate the effectiveness of structured teaching programme on knowledge regarding child to child programme on dental hygiene in selected secondary school at Indore”

OBJECTIVE

1. To evaluate the pre test knowledge of elder child regarding Dental hygiene
2. To plan and implement structured teaching programme regarding Dental hygiene among elder children.
3. Evaluate the post test knowledge of elder children regarding Dental hygiene.
4. To compare pre test and post test knowledge of elder children regarding Dental hygiene.
5. To assess the practice of younger children.
6. To find out the association between pre- test knowledge score of elder child and selected demographic variables.

HYPOTHESIS

H₀: There is no significant difference between the mean pretest and post test knowledge score regarding the knowledge of dental hygiene among school age children.

H₁: The mean post-test knowledge score about dental hygiene is a higher than the mean pre-test knowledge score on dental hygiene among Sec. School children.

H₂: There is a significant association between pre-test knowledge Score on dental hygiene of elder child with selected demographic variables.

ASSUMPTIONS

1. Child to child programme will be an effective method to increase the knowledge on dental hygiene among school age group.
2. Enhancement of knowledge related to dental hygiene may help to avoid the dental problems.

DELIMITATION

1. The study is delimited to school children between 11 to 15 years of age & 6 to 8 years.
2. The study is delimited to selected secondary schools at Indore.

REVIEW OF LITERATURE

Kaur Manveer, (2012), was conducted a pre-experimental study on the effectiveness of structured teaching programme on knowledge regarding Dental hygiene among middle school children in selected schools of Jalandhar district, Punjab. The research design used in this study was pre experimental in nature.. Non probability convenience sampling technique was used for this study. The tool used for the study was the structured knowledge questionnaire. The reliability of tool was computed by applying split half technique and was calculated by Karl Pearson's coefficient of correlation formula, the mean pre test knowledge score was (14.91) and post test mean knowledge score was (23.01) and. The difference between mean pre test and post test knowledge score was-8.1* significant at $p < 0.05$ level of significance hence there was an impact of structured teaching programme on knowledge regarding Dental hygiene.

RESEARCH METHODOLOGY

Source of data: School going children of Govt. secondary school Indore. Data collected is done by using Structured close ended questionnaire. Pre-experimental research design is used. **Population:** School going children. **Target Population:** Students who are in 6th to 10th standard (11 to 15years old) and younger child in 3rd to 5th standard (8 to 10 years old). **Sample size :** 25 sample. **Sampling Technique:** Simple Random sampling technique, a type of Probability sampling approach

INDEPENDENT VARIABLE: The independent variable in this study is structured teaching programme on child to child programme on dental hygiene of school going children.

DEPENDENT VARIABLE: Dependent variable in this study is level of knowledge of elder and practice of younger child's on dental hygiene.

CRITERIA FOR SAMPLE SELECTION

Inclusive criteria:

1. Students who are in 6th to 10th standard (11 to 15years old) and younger child in 3rd to 5th standard (8 to 10 years old).
2. Students who can understand English.
3. Children who were willing to participate in the study.
4. Children who are available during the study.

Exclusive criteria:

1. Children who were diagnosed dental problem/ caries.
2. Children who had previous exposure to child to child programme.
3. Children who were not willing to participate in the study.
4. Children who were not present at time of data collection.

Organization of findings

The data collected from the elder and younger children's in selected schools has been organized and presented under following headings:

- ❖ **Section A:** Analysis of school children (elder and younger) according to their demographic variables. Frequency and percentage distribution of demographic variables.
- ❖ **Section B:** Analysis of the pre- test knowledge level of knowledge of elder children regarding child to child programme on dental hygiene.
- ❖ **Section C:** Analysis of the post- test level of knowledge of elder children regarding child to child programme on dental hygiene
- ❖ **Section D:** Effectiveness of structured teaching programme on elder children regarding child to child programme on dental hygiene
- ❖ **Section E:** To assess the practice of younger children
- ❖ **Section F:** Association of demographic variables and pre -test level of knowledge of elder children regarding child to child programme on dental hygiene.

Section A: Analysis of school children according to their demographic characteristics

N=25

Sl. No.	Socio demographic Variables	Category	Frequency(f) Elder child's	Frequency Younger child's	Percentage elder child's%	Percentage Younger child's
1	Age	8-10 Year	0	25	0%	100%
		11-15 Year	25	0	100%	0%
2	Gender	Male	14	12	56%	48%
		Female	11	13	44%	52%
3	Types of school	Primary	0	25	0%	100%
		Upper primary	10	0	40%	0%
		Secondary	15	0	60%	0%
4	Source Of Information	Mass Media	4	2	16%	8%
		Parents	6	12	24%	48%
		Teacher	10	10	40%	40%
		Other	5	1	20%	4%
5	No. of younger	None	3	7	12%	28%
		One	15	12	60%	41%
		Two	5	3	20%	12%
		More than two	2	1	8%	4%

Table : Frequency and percentage distribution of school children based on their age, gender, types of school, source of information, and number of younger.

SECTION - B:- Analysis of the pre- test level of elder children regarding child to child programme on dental hygiene.

Table:- shows that the Frequency and percentage distribution of Pre-test level of knowledge of school children (elder children)

N=25

Level of knowledge	Frequency	Percentage	Mean	Mean %	S.D
Poor	10	40%	6.12	24.48	2.27
Average	13	52%			
Good	2	8%			

Pre- test level of knowledge

The table 4.2 depicted frequency and percentage distribution of the pre- test of level of knowledge on school children (elder children) depicted that highest 52% of them had average knowledge where as 40% of them had poor knowledge .Only 8% school children (elder children) had good knowledge. The pre-test mean score was (6.12 ± 2.27) .

SECTION - C: Analysis of the post- test level of knowledge of elder children regarding child to child programme on dental hygiene.

Table:- shows that the Frequency and percentage distribution of Post-test level of knowledge of school children (elder children)

N=25

Level of knowledge	Frequency	Percentage	Mean	Mean %	S.D.
Poor	3	12%	9.84	39.36	2.48
Average	8	32%			
Good	14	56%			

Post-test level of knowledge

Table 4.3 depicts that frequency and percentage wise distribution of the post- test level of knowledge school children (elder children) depicted that highest 56% of them had good knowledge where as 32% of them had average knowledge and only 12% of them had poor knowledge. The post-test mean score was 9.84 ± 2.48 .

SECTION– D: Effectiveness of structured teaching programme regarding dental hygiene among school children.

Table: shows over all differences of pre- test and post- test mean score, standard deviation, and 't' test value of pre- test and post- test knowledge score of the school children (elder children).

Group	Pre-Test			Post-Test			t value
	Mean	Mean%	SD	Mean	Mean%	SD	
School children(Elder children)	6.12	24.48	2.27	9.84	39.36	2.48	9.42

$t_{24} = 0.21, p < 0.05$

* Significant

It is revealed from the above table that, in pre-test mean was (6.12 ± 2.27) , where as in post-test mean was (9.84 ± 2.48) . There was a highly significant difference between the level of knowledge in pre and post –test after implementation of structured teaching programme ($t_{24} = 0.21$ and $p \leq 0.05$). Hence, the research hypothesis H_1 was accepted. The structured teaching programme is effective in improving the knowledge of elder child's regarding child to child programme on dental hygiene.

Section E: To assess the practice of younger children

Table: Over all Frequency and percentage wise distribution of younger children according to their dental hygiene practice, on the basis of check list scoring. **N=25**

Level of knowledge	Score range	Frequency	Percentage	Mean	Mean score %
Poor knowledge	0-5	4	16	8.6	57.33
Average knowledge	6-10	11	44		
Good knowledge	11-15	10	40		
TOTAL		25	100%		

Table 4.5 depict that level of knowledge of dental hygiene in younger children in majority of respondent had poor knowledge 16.00%, 40.00% of respondent had good knowledge whereas 44.00% hand average knowledge about dental hygiene practice. the maximum possible score for check list is 15. The mean check list score was 8.6. The mean checklist score percentage (57.33%).

SECTION – F: Association of demographic variables and pre -test level of knowledge of elder children regarding child to child programme on dental hygiene.

Chi – square test calculated to find out the association between the pre-test level of knowledge of elder Children regarding child to child programme on dental hygiene and with their demographic variables reveals that no significant association between pre-test level of knowledge of elder children regarding child to child programme on dental hygiene when compared to age, gender , source of information , no. of sibling except types of school of the elder children (the calculated value $\chi^2= 12.40$ and table value 9.49) at level 0.05%.

Hence it can be interpreted that percentage score related to demographic variables where only by chance and not true difference and H₂research hypothesis was accepted.

SUMMARY

Findings of the study revealed that there is a significant difference between the pre and post -test knowledge score. Comparatively post- test knowledge score is higher than pre- test score. Results reveal that there is significant association between the knowledge level of subjects with their demographic variables such as age, gender, types of school, source of information, no. of sibling .The ‘t’ value computed($t=9.42$) showed significant difference suggesting that the improve knowledge level of elder and younger child’s after intervented the structured teaching programme.

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