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"A STUDY TO ASSESS THE KNOWLEDGE REGARDING DENTAL PROBLEMS AND ITS PREVENTION AMONG PARENTS HAVING PRESCHOOL CHILDREN RESIDING IN SELECTED AREA OF JODHPUR."

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Background:

According to the World Health Organization (WHO), dental caries is a global public health concern and is also the most prevalent non-communicable disease. Over the years, there has been reduction in the prevalence of dental caries in the developed nations, probably due to the application of preventive measures⁶, dental caries has become even more widespread in developing countries like India. This can be attributed to poor public health awareness regarding the disease and its preventive measures.⁷

Dental caries, a common disease in children, is considered a major public health problem globally and if left untreated, it can affect a child's quality of life in the form of pain, discomfort, inability to chew, dental sepsis, etc., which may result in loss of school days. Poor oral health also has a significant impact on the growth and cognitive development of a child by interfering with nutrition, concentration, and school participation.9

Methodology

A quantitative research approach and descriptive research design were adopted. The sampling technique used for the study was Purposive sampling. Parents who have children (preschool age group) and who met the inclusion criteria were selected as samples for the study. The sample size was 120 parents of preschool children. The tool used for data collection was a self-modified questionnaire consisting of two sections Demographic variables, and structured questionnaire.

Result:

The result shows that the knowledge score, Among the total numbers of the sample (120), 76 (63.3%) sample had inadequate knowledge, 29 (24.2%) of the sample had moderately adequate knowledge and 15 (12.5%) of the sample had adequate knowledge regarding the dental problem and its prevention among parents having preschool children with Mean score of 10.79 and S.D. score of 6.371. Regarding the association between knowledge regarding the dental problem and their prevention among parents having preschool children, knowledge was independent of "Parents participated in the interview, and food habits", and dependent on "occupation of father, education of father, occupation of mother, education of mother, Family income of parents, and previous knowledge about dental health problem".

Conclusion

The study shows there is a lack of knowledge and negative attitude regarding dental caries among primary school children's parents. The planned teaching program is one of the best methods to improve knowledge and attitude regarding dental caries among primary school children's parents.

Keywords; Knowledge, Dental Problems, Prevention, Preschool Children.

INTRODUCTION:

According to the World Health Organization (WHO), dental caries is a global public health concern and is also the most prevalent non-communicable disease.⁵ Over the years, there has been reduction in the prevalence of dental caries in the developed nations, probably due to the application of preventive measures⁶, dental caries has become even more widespread in developing countries like India. This can be attributed to poor public health awareness regarding the disease and its preventive measures.⁷

Dental caries, a common disease in children, is considered a major public health problem globally and if left untreated, it can affect a child's quality of life in the form of pain, discomfort, inability to chew, dental sepsis, etc., which may result in loss of school days.⁸ Poor oral health also has a significant impact on the growth and cognitive development of a child by interfering with nutrition, concentration, and school participation.⁹

Dental caries being a multifactorial disease is associated with a number of risk factors such as dietary habits, oral hygiene practices, nutritional imbalances, salivary flow and composition, use of fluorides, etc. Additionally, parental education, socioeconomic status, poverty, lack of awareness about dental diseases is also associated with risk of dental caries.¹⁰

Dental caries is one of the most common chronic disease and important public health problem that affect individuals at all ages; it is the principle oral problem in children and Adolescents. The ages of greatest vulnerability are 4-8 years for the primary dentition and 12-15 years for the secondary (or) permanent dentition. Dental caries, if untreated, result in total destruction of involved teeth. ¹¹

Parents are responsible for their child's oral health care. Preschool children are not capable of brushing themselves and lack the manual dexterity and the psychological maturity to understand the importance of maintaining oral health. With changing lifestyles, a trend of having a single child and increased the cost of living, most of the parents are working with very less time left for performing day-to-day oral health care practices in their child's early years. Especially in preschool children, parental role is the most important aspect of maintaining good oral health.¹²

CONCEPTUAL FRAMEWORK

The present study to assess the knowledge regarding dental problems and its prevention among parents having preschool children residing selected areas of Jodhpur. The conceptual framework adopted for this study is based on general system theory with the concepts of input, throughput, output and feedback, first introduced by Von Bertalanffy in 1968.

A system consists of a set of interacting components within a boundary that filters the type and rate of exchange with the environment. All living systems are open in that there is continual exchange of matter, energy and information. In open systems, there are varying degrees of interaction with the environment from which the system receives input and gives back output in the form of matter, energy and information.

MATERIALS AND METHODS

A descriptive quantitative study was conducted at parents having preschool children in Choupasani Housing board sector 17 Jodhpur is around 33,648 according to census of 2011.(census India). The sampling technique used for the study was Purposive sampling. Inferential and descriptive statistics used for data analysis. Sample size was 120 parents having preschool children.

Table: 1 Frequency and percentage distribution of Demographical characteristics in samples by Parents

| S.N. | Name of variables | Frequency | Percentage (%) |
|------|-----------------------------------|-----------|----------------|
| 1 | Parents participated in interview | | |
| | Father | 55 | 45.8 |
| | Mother | 65 | 54.2 |
| 2 | Occupation of father | | |
| | Government employee | 14 | 11.7 |
| | Private employee | 57 | 47.5 |
| | Self-employed | 40 | 33.3 |
| | Unemployed | 9 | 7.5 |

| 3 | Occupation of Mother | | |
|---|--|-----|------|
| | Government employee | 11 | 9.2 |
| | Private employee | 27 | 22.5 |
| | Self-employed | 15 | 12.5 |
| | Unemployed | 67 | 55.8 |
| 4 | Education of father | | |
| | No formal education | 8 | 6.7 |
| | primary school | 48 | 40.0 |
| | Secondary school | 47 | 39.2 |
| | Graduation and above | 17 | 14.2 |
| 5 | Education of mother | | |
| | No formal education | 30 | 25.0 |
| | primary school | 50 | 41.7 |
| | Secondary school | 18 | 15.0 |
| | Graduation and above | 22 | 18.3 |
| 6 | Family income per month (in rupees) of parents | | CRI |
| | Less than 10,000 | 32 | 26.7 |
| | 10,001-20, 000 | 43 | 35.8 |
| | 20001- 30, 000 | 35 | 29.2 |
| | Above 30,000 | 10 | 8.3 |
| 7 | Previous knowledge about dental health problem | | |
| | Yes | 16 | 13.3 |
| | No | 104 | 86.7 |
| 8 | Food habits | | |
| | Vegetarian | 84 | 70.0 |
| | Non vegetarian | 36 | 30.0 |

Table 2:- Chi Square value showing association between the knowledge regarding dental problem and its prevention among parents having preschool children and with the selected demographic variables

| | Name of variables | Inadequate | Moderate | Adequate | Chi | D | "P" |
|---|-------------------------|------------|-----------|-----------|--------|---|---------------------|
| | | Knowledge | Knowledge | knowledge | square | f | value |
| 1 | Parents participated in | interview | <u> </u> | <u> </u> | 2.693 | 2 | 0.260 ^{NS} |
| | Father | 31 | 17 | 7 | | | |
| | rather | 31 | 17 | / | | | |
| | Mother | 45 | 12 | 8 | | | |
| 2 | Occupation of father | | | | 32.752 | 6 | 0.001* |
| | Government employee | 5 | 1 | 8 | | | |
| | Private employee | 40 | 14 | 3 | | | |
| | Self-employed | 23 | 13 | 4 | | | |
| | Unemployed | 8 | 1 | 0 | | | 3 |
| 3 | Occupation of Mother | | | | 31.592 | 6 | 0.001* |
| | Government employee | 2 | 2 | 7 | 10 | | |
| | Private employee | 16 | 7 | 4 | | | |
| | Self-employed | 10 | 4 | 1 | | | |
| | Unemployed | 48 | 16 | 3 | | | |
| 4 | Education of father | | | | 24.345 | 6 | 0.001* |
| | No formal education | 7 | 1 | 0 | | | |
| | primary school | 33 | 11 | 4 | | | |
| | Secondary school | 29 | 15 | 3 | | | |

| | Graduation and above | 7 | 2 | 8 | | | |
|---|--|---------------|--------------|----|--------|---|---------------------|
| 5 | Education of mother | | | | 44.992 | 6 | 0.001* |
| | No formal education | 27 | 3 | 0 | | | |
| | primary school | 37 | 11 | 2 | | | |
| | Secondary school | 6 | 9 | 3 | | | |
| | Graduation and above | 6 | 6 | 10 | | | |
| 6 | Family income per month (in rupees) of parents | | | | 77.793 | 6 | 0.001* |
| | Less than 10,000 | 22 | 8 | 2 | | | |
| | 10,001-20,000 | 30 | 10 | 3 | | | |
| | 20001- 30, 000 | 24 | 11 | 0 | | | |
| | Above 30,000 | 0 | 0 | 10 | | | |
| 7 | Previous knowledge ab | out dental he | alth problem | | 95.809 | 2 | 0.001* |
| | | | | | | 1 | 2 3 |
| | Yes | 0 | 2 | 14 | / 6 | | |
| | | | | | 19, | | |
| | No | 76 | 27 | 1 | | | Na |
| 8 | Food habits | | | | 1.098 | 2 | 0.578 ^{NS} |
| | Vegetarian | 51 | 21 | 12 | | | |
| | Non vegetarian | 25 | 8 | 3 | | | |

^{*=} Significant

NS = **Non significant**

RESULT:

Regarding the knowledge score, Among total numbers of sample (120), 76 (63.3%) sample had inadequate knowledge, 29 (24.2%) of sample had moderately adequate knowledge and 15 (12.5%) of sample had adequate knowledge regarding dental problem and its prevention among parents having preschool children with Mean score of 10.79 and S.D. score of 6.371

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