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"A Quasi Experimental Study To Assess The Effectivesness Of Structured Teaching Programme Regarding Oral Hygiene Among The Mothers Of Pre-School Children Residing At Village Bullana, Ambala(Haryana)

Ramandeep Kaur[1], Manisha Rani[2]
Mahabir College of Nursing,Bullana(Ambala)
Assistant Professor ,Maharaja Agrasen College of Nursing,Agroha,Hisar
CorrespondingAuthor: Ramandeep Kaur

Abstarct: *A Quasi-Experimental study was conducted to assess the Effectiveness of structured teaching programme regarding oral hygiene among the mothers of pre-school children residing at village Bullana, Ambala (Haryana) by using convenient sampling technique. Structured knowledge questionnaire was used to assess the knowledge of the mothers. The findings of the study revealed that the mean post test scores of experimental group were significantly higher than mean pre test scores than the control group results..*

Keywords: *Effectiveness, Structured teaching programme, Knowledge, Mothers, Pre-school children. .*

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I. Introduction

*"***How can you eat when you have no Teeth"**

Oral health is a very important component of a person's physical and psychological sense of well being. Dental caries is one of the most common chronic childhood diseases—5 times more common than asthma. The report indicates that the impact of oral disease on children is substantial and that more than 51 million school hours are lost each year to dental-related illness. The report shows further that "poor children suffer nearly 12 times more restricted-activity days than children from higher-income families". Furthermore, the report stresses that "pain and suffering due to untreated diseases can lead to problems in eating, speaking, and attending to learning" Severe periodontal disease affects approximately 14% adults 45-64 years of the age and 25% of adults 65-74 years of age and 18% of mothers of 22 to 45 years of age, moreover U.S. department of healthand Human Services, 2000 reviews common abnormalities of oral cavity, possible causes and missing management.The more positive is the parents' attitudes toward dentistry; the better will be te dental health of their children. Young children's oral health maintenance and outcomes are influenced by their parent's knowledge and beliefs, which affect oral hygiene and healthy eating habits. Without basic knowledge of caries risk factors, importance of the deciduous teeth and oral maintenance, it is difficult to employ effective disease preventive strategies. Parent's knowledge and positive attitude toward good dental care are very important in the preventive cycle. These early years involve "primary socialization" during which the earliest childhood routines and habits are acquired. These include dietary habits and healthy behaviors established as norms in the home and are dependent on the knowledge and behavior of parents and elder siblings. Studies have reported that poor attitude of parents toward oral health of infants and young children are associated with increased caries prevalence. . In the period 1982 to 1992, a total of 57 studies evaluating the effectiveness of interventions to alter individuals' behavior related to dental health were identified. Combining the results of these 57 studies with descriptive articles published over the same period, it appears that dental health education can result in improvements in objective measures of dental health behaviors and actual oral health measures, but has only limited success in changing attitudes towards dental issues and achieves only short-term gains in knowledge. The limited use of theoretical frameworks, poor statistical analyses, the use of convenient samples and the short post intervention follow-up periods diminish the contribution of this research to the development of dental health policy and the formation of strategies to improve the health of communities.

Aims and Objectives of the Study

1. To assess the existing level of knowledge of the mothers of pre school children regarding oral hygiene.
2. To determine the effectiveness of structured teaching program on knowledge regarding oral hygiene among mothers of pre school children.
3.

II. Materials And Methods

The present study was conducted to assess the effectiveness of Structured Teaching Program on knowledge regarding oral hygiene among the mothers of pre school children residing at village Bullana, Ambala, Haryana. Experimental and control research design was used in the study using convenient sampling technique and sample size was 100. Data was collected by structured knowledge questionnaire regarding knowledge of oral hygiene among mothers of pre school children residing at village Bullana, Ambala. Descriptive and inferential statistics were employed to analyze the data.

Distribution of samples for experimental and control groups pre-test and post-test

SECTION-1 SOCIO DEMOGRAPHIC PROFORMA		**Experimental Group**		**Control Group**	
		Percentage	**Frequency**	**Percentage**	**Frequency**
1. Age:	20-25 Years	40	20	44	22
	25-30 Years	38	19	28	14
	30-35 Years	22	11	28	14
2.Education:	School	40	20	46	23
	Precollege	24	12	26	13
	College	24	12	20	10
	From medical line	12	6	8	4
3. Total number of family children:	A	20	10	16	8
	B	24	12	22	11
	C	36	18	38	19
	D	20	10	24	12
4. No. of preschool children:	A	44	22	48	24
	B	32	16	18	9
	C	24	12	34	17
5. Type of family:	Nuclear	76	38	64	32
	Joint	24	12	36	18
6. Religion:	Hindu	24	12	40	20
	Muslim	40	20	36	18
	Others	36	18	24	12
7. Socio economic status:	Low	76	38	64	32
	Middle	24	12	36	18
	High	0	0	0	0

III. Results

The Study articulated that the overall experimental group post-test mean with SD(22.76±3.503) was higher than pre-test mean with SD(11.82±4.308) with mean difference of 10.94. 't' value was computed to find the level of significance between the means and it was observed highly significant ('t'$_{199}$=22.68) at p<0.05. Moreover, the overall control group post-test mean with SD(15.16±3.241) was higher than pre-test mean with SD(12.9±4.331) with mean difference of 2.18. 't' value was computed to find the level of significance between the means and it was observed highly significant ('t'$_{199}$=4.868) at p<0.05. This result reveals that the structured teaching programme was effective in increasing the knowledge of the mothers of pre school children regarding oral hygiene by observing the difference in mean of control and experimental group.

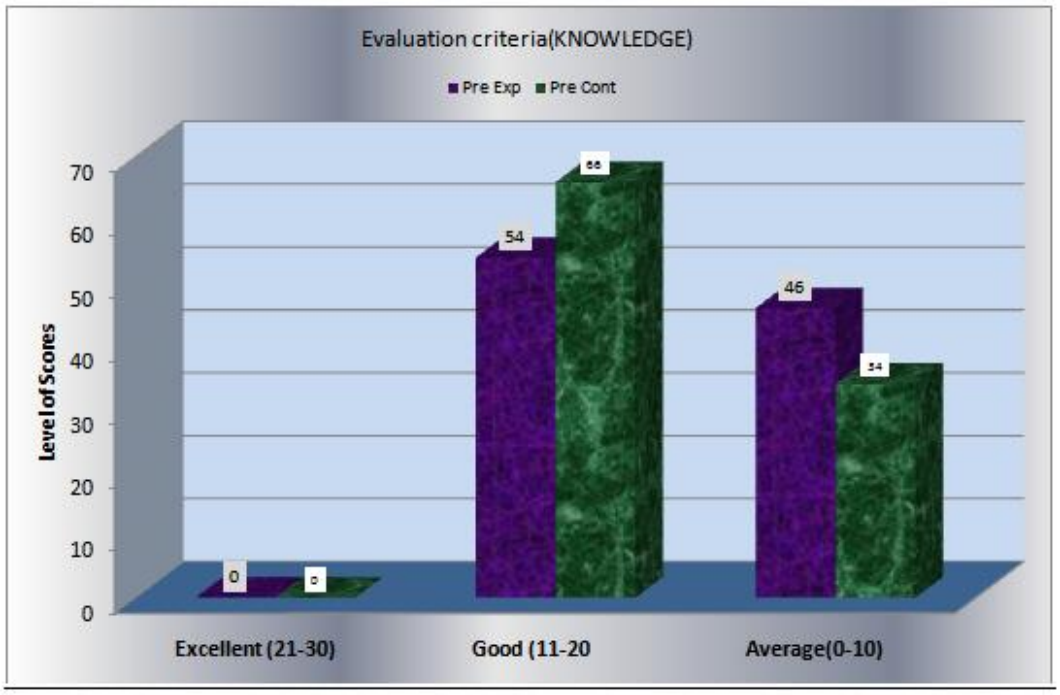
Experimental Group	Mean	SD	Mean difference	`t' value	Df	Significance / Not significant
Pre-test (n=100)	11.82	4.308	10.94	22.68	99	HS <0.05
Post-test (n=100)	22.76	3.503				

Control Group	Mean	SD	Mean difference	`t' value	Df	Significance / Not significant
Pre-test (n=100)	12.98	4.331	2.18	4.868	99	HS <0.05
Post-test (n=100)	15.16	3.241				

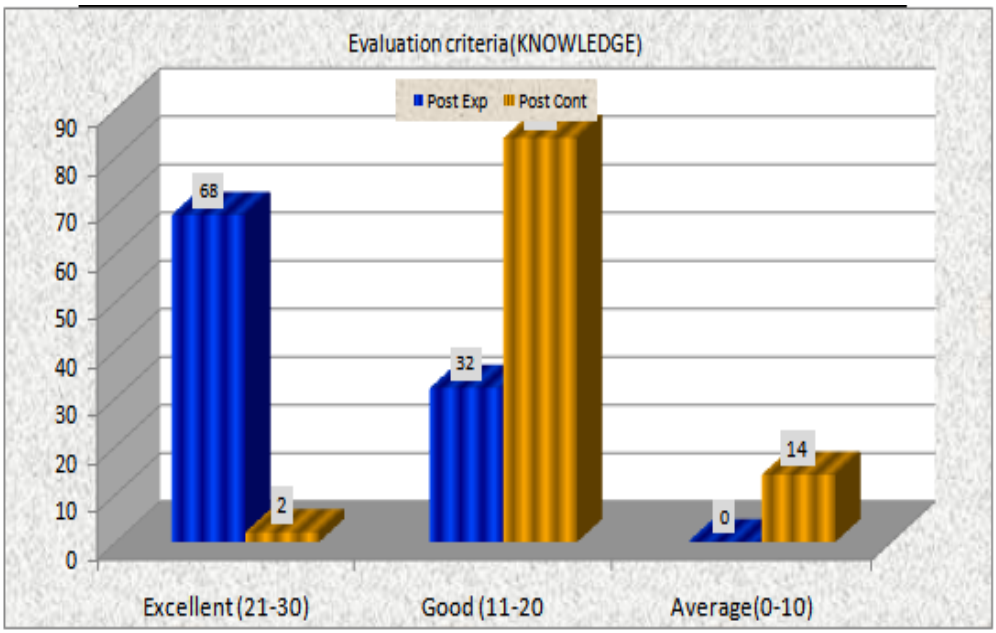
Knowledge Score (Pre test)

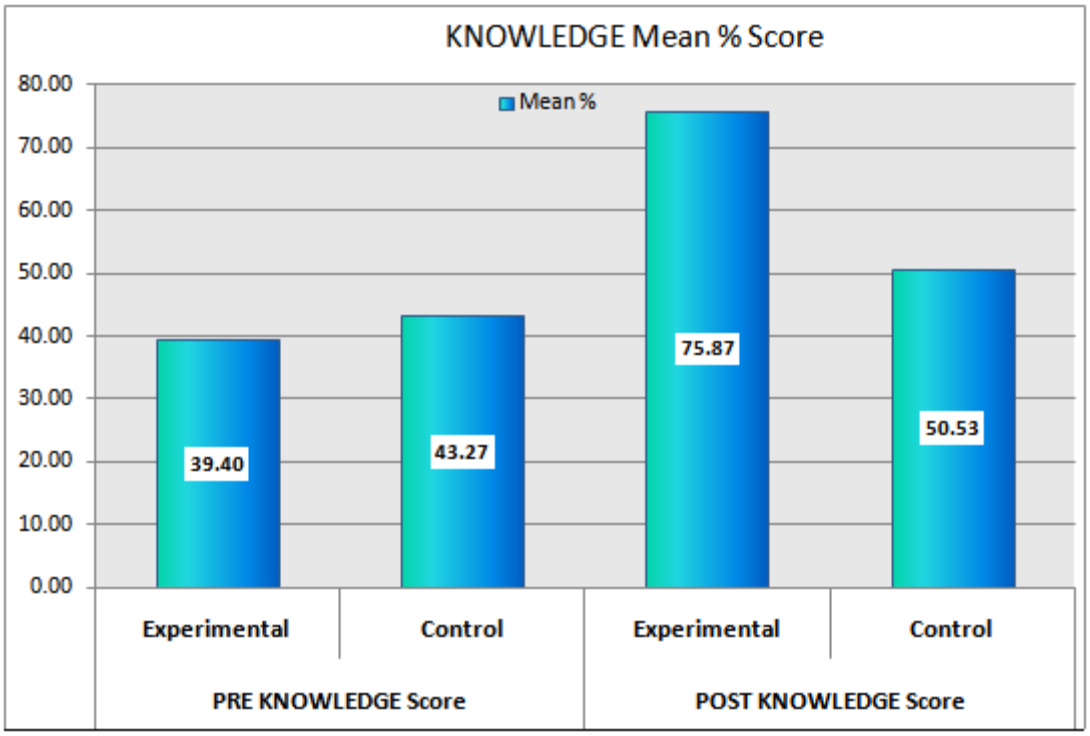
Score Level (N=50)	**Pre Exp**	**Pre Cont**
Excellent (21-30)	0(0%)	0(0%)
Good (11-20)	27(54%)	33(66%)
Average(0-10)	23(46%)	17(34%)
Maximum=30 Minimum =0		

Level of Score



knowledge score(post test)		
Score Level (N=50)	**Post Exp**	**Post Cont**
Excellent (21-30)	34(68%)	1(2%)
Good (11-20	16(32%)	42(84%)
Average(0-10)	0(0%)	7(14%)
Maximum=30 Minimum =0		





IV. Discussion

Findings in the present study revealed that the structured teaching programme was effective in increasing the knowledge of the mothers of pre school children regarding oral hygienes**.** The result of the study are supported by **W.H.O. (2012),** revealed that worldwide, 60-90% of the school children suffer from dental caries. This shows that many children and their parents failed to recognize the importance of oral hygiene in their general health. "Children who suffer from poor oral health are 12 times more likely to have more restricted activity days than those who do not." The consequences of poor oral health are usually harsh and complicated. Lack of timely preventive, educational and treatment services (WHO, 2012) may results into these consequences. So running the programmes especially dental health education programmes among children and mothers of preschool children are important to foster proper oral hygienic practices at a young age.

Dr Richard G. Watt,(2002) Department of Epidemiology and Public Health, University College London, London, UK. Over the two years of the programme, children in the intervention group developed significantly less caries in their erupting permanent teeth. Involving the community through the employment of brushing supervisors and brushing charts for parents to use at home were key components to the success of the programme.

Professor P. Phantumvanit (2001) conducted study in Thailand and described community oral health care models in Thailand. "The background for these programmes was: the high level of oral disease and dental plaque, the need for outreach rural programmes, the existing services (including equipment) were expensive, and there was a lack of oral health care manpower. Health Maintenance Units were established at village level, with villagers being trained in simple tasks such as examination by health personnel, education by schoolteachers, and dental scaling by village." This emphasizes the need of structured programmes.

Dr D. O'Byrne outlined the WHO approaches to evaluation of national and community health programmes. "He emphasized the value of the common risk factor approach. The example he presented was 'DDT' – Diet, Dirt and Tobacco." Successful evaluations requires appropriate infrastructure in place, and sufficient 'capacity', integrated within community disease prevention and health promotion programmes. Dr O'Byrne further described the disease pathway, "moving from the 'non-modifiable factors' (such as age, sex and genes) to 'intermediate risk factors' (such as blood lipids, hypertension) together with 'behaviour risk factors' (such as tobacco use, diet and physical activity) and socio-economic, cultural and environmental influences to the disease endpoint (such as CVD and cancers)". Each of these must be considered for evaluation purposes.

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