

Knowledge, attitude, and practice of school teachers toward oral health

Hanshika Ravi¹, Mebin George Mathew^{2*}

ABSTRACT

Aim: The aim of the study was to assess the knowledge, attitude, and practice of schoolteachers toward oral health. **Objective:** A survey was conducted to evaluate the knowledge, attitude, and practice of schoolteachers toward oral health. **Materials and Methods:** A questionnaire-based survey was conducted among the schoolteachers of different primary schools in and around Chennai to assess the awareness of schoolteachers on importance of oral health among children. **Results:** The results were tabulated and percentage (100%) was calculated and conclusions were drawn. This survey presented a comprehensive overview of the knowledge, attitudes, and practices of schoolteachers in and around Chennai. Around 36% of teachers concluded that irregular brushing causes decay, 14.7% contributed for gum diseases, 16% of teachers concluded that it will lead to bad breath, and 16.7% concluded that irregular brushing causes stains on teeth. Only 17.3% concluded that all the factors are caused due to irregular tooth brushing. About 23.3% of teachers concluded that dental problems are due to eating sweets and ice creams. About 58% of teachers agreed for improper brushing. Only 1.3% of teachers concluded that dental problems are due to not visiting the dentist regularly and rinsing mouth. **Conclusion:** The schoolteachers need to be motivated to increase awareness regarding the importance of oral health among primary school students and the importance of teachers role in teaching them. They also need to be taught that oral health does play an important role in general health. The respondents need to improve their knowledge of dental problems and the reasons for the same.

KEY WORDS: Knowledge, Oral health, School teachers

INTRODUCTION

Oral health is an essential part of general health.^[1] Promoting oral health is essential to improving public health outcomes. The World Health Organization (WHO) defines oral health as “a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, and tooth loss”. Poor oral health affects the quality of life due to impaired oral functioning, including having an effect on many chronic diseases. Although oral health in many developed countries has remarkably improved over the past years, with a declining prevalence of dental caries, the prevalence, especially in developing countries including the Middle East, appears to be on the rise, thereby increasing disparities in oral health. It has been reported that 60–90% of schoolchildren

worldwide are affected with dental caries.^[2] The importance of imparting lessons on hygiene to infants and pre-schoolchildren had been recognized as early as 1878. There is increasing recognition in both the scientific and social community, of the tremendous influence which a schoolteacher has not only in encouraging good health habits but also in promoting overall development. Over the years, schools have initiated their own health programs depending on the health status of their children. However, very few of them actually focus on oral health promotion.^[3] Good health and education are both fundamental rights of children. A school is not merely a place for formal education, but an institute which shapes children’s behavior, attitude, and perceptions toward life. Healthy lifestyles inculcated during school age are carried over to adulthood. Children spend approximately one-third of their day at schools. The role of schools in promoting children’s health has been recognized since long. The WHO’s Global School Health Initiative encourages “health-promoting schools”

Access this article online

Website: jprsolutions.info

ISSN: 0975-7619

¹Department of Pedodontics and Preventive Dentistry, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, Tamil Nadu, India, ²Department of Pedodontics, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, Tamil Nadu, India

*Corresponding author: Dr. Mebin George Mathew, Department of Pedodontics, Saveetha Dental College, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai, Tamil Nadu, India. E-mail: mebingmathew@gmail.com

Received on: 13-06-2019; Revised on: 18-07-2019; Accepted on: 19-08-2019

to create healthy setting for living, learning, and working. This initiative is designed to improve the health of students, school personnel, families, and other members of the community through schools.^[4] It is essential for the health authorities to vigilante the seriousness of schools in implantation of school health policies.^[5] A school-based program is most effective because children are approached at a time when their health habits are forming. Even the Ministry of Health and Family Welfare, Government of India, accepted in principle National Oral Health Policy in the year 1995 to be included in National Health Policy and launched the National Oral Health Care Program which envisaged the implementation of oral health education, preventive, and curative services.^[6] The aim of this study is to assess and evaluate the knowledge, attitude, and practice of schoolteachers toward oral health in and around primary schools in Chennai.

MATERIALS AND METHODS

A questionnaire-based survey was conducted among the schoolteachers of different primary schools in and around Chennai. A set of 15 questions was given to the teachers of various primary schools which assessed the knowledge, attitude, and practice of schoolteachers toward oral health. They were made to sit comfortably and answer the questions. It gave information on their opinion about the importance of oral health among their students.

RESULTS

The results were tabulated and percentage (100%) was calculated and conclusions were drawn. This survey presented a comprehensive overview of the knowledge, attitudes, and practices of schoolteachers toward oral health in and around Chennai. Figure 1 represents effects of tooth brushing.

Questions	Yes (%)	No (%)
Has oral health got any role in general health?	60	40
Do you know that a clean mouth can prevent tooth decay?	100	-
Do you know that a dentist can clean and polish your teeth?	100	-
Does your toothpaste contain fluoride?	57	43
Do you know what floss is?	46	54
Do you think maintaining a healthy mouth is individual responsibility?	100	
Have you visited a dentist regularly?	10	90
Do you think it is required to visit your dentist regularly to maintain the oral health?	91	9
Do you press the paste in between the bristles?	26	74
Do you rinse your mouth after meals?	60	40
Do you clean your tongue?	58	42
Do you know any other oral hygiene aids?	72	28

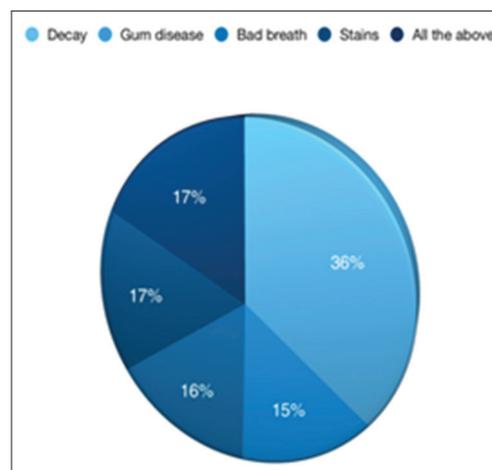


Figure 1: Effects of irregular brushing

DISCUSSION

Knowledge of schoolteachers regarding importance of oral health was assessed by questions which included relation between general and oral health, effects of irregular toothbrushing, causes of dental problems, importance of clean mouth, and aids of cleaning their mouth. About 60% of the participants agree that oral health is important for general health. Good oral hygiene including healthy teeth and gums is an important part of our general health. Nowadays, people are living longer and they want to enjoy a long healthy life which of course includes a healthy smile.

Attitude toward oral health was assessed by questions that included their frequency and reason for dental visits. About 91.3% of teachers accepted that periodical dental visit is required to maintain good oral health and only 7.3% of teachers denied it. The present study also demonstrated that although majority of respondents had a positive attitude as regard intent to visit the dentist; however, the actual frequency of dental visit was observed to be low. This result is similar with several reports from developing countries but at variance with findings from developed Western countries that embrace preventive oral health. This observation has been blamed on ignorance, illiteracy, poverty, and lack of universal health insurance that covers preventive oral health to majority of the vulnerable population.^[1]

Practice of schoolteachers for proper oral hygiene was assessed by a set of questions that included their aids, methods, frequency of toothbrushing, and other aids used to maintain oral hygiene.^[7-10] Toothbrushes and toothpastes have been universally accepted as tools for daily oral hygiene maintenance. However, the uses of these aids have been limited in some communities due to traditional and cultural practices as well as lack of awareness of the benefits of these tools.^[3] In the

present study, almost all the teachers used toothbrush as a tooth cleaning medium and toothpaste as a tooth cleaning material. About 56.7% of teachers were aware that their toothpaste contains fluoride and was using it, 12.5% were not using fluoridated toothpaste, and 31.3% were unaware of fluoridated toothpaste. Using toothpaste containing fluoride helps the teeth to resist the destruction caused by cariogenic bacteria or in reversal of active dental caries. The mechanism involves the substitution of the hydroxyl in the structure of the enamel with fluoride in apatite crystal which is more resistance to acid attack.^[1]

CONCLUSION

The schoolteachers need to be motivated to increase the awareness among them that oral health does play an important role in general health. The respondents need to improve their knowledge of dental problems and the reasons for the same. There is a need to improve their oral hygiene practices through the promotion of other oral hygiene practices like floss apart from the regular methods for maintenance of a clean mouth.

REFERENCES

1. Onwudi HI, Taiwo AO, Stellamaris OC. Oral health knowledge, attitude, and practices among secondary school teachers and students in Ekiti state. *Niger J Exp Clin Biosci* 2017;5:16-24.
2. Al Rasheed NM, Shetty AC. Oral health knowledge among female primary school teachers in Riyadh city, Kingdom of Saudi Arabia. *Int J Appl Dent Sci* 2017;3:164-70.
3. Mota A, Oswal KC, Sajani DA, Sajani AK. Oral health knowledge, attitude, and approaches of pre-primary and primary school teachers in Mumbai, India. *Scientifica* 2016;2016:1-8.
4. Tikare S, AlQahtan NA. Oral health knowledge and attitudes of primary school teachers toward school-based oral health programs in Abha-Khamis, Saudi Arabia. *Saudi J Oral Sci* 2017;4:72.
5. Chavan GM, Chavan VM. Knowledge, attitude and practices of secondary school teachers regarding school health services in children. *Int J Community Med Public Health* 2018;5:1541-6.
6. Ain TS. Knowledge, attitude and practice of school teachers towards oral health in Srinagar, Kashmir. *IOSR J Dent Med Sci* 2016;15:88-90.
7. Purohit A, Nichlani G, Patil G, Rizvi F, Uikey G, Purohit BM. Oral health knowledge, attitude and practice among Indian preschool teachers. *SM J Dent* 2016;2:1007.
8. Sekhar V, Sivsankar P, Easwaran MA, Subitha L, Bharath N, Rajeswary K, *et al.* Knowledge, attitude and practice of school teachers towards oral health in Pondicherry. *J Clin Diagn Res* 2014;8:ZC12-5.
9. Maganur PC, Satish V, Marwah N, Vishwas TD, Dayanand MC. Knowledge, attitudes, and practices of school teachers toward oral health in Davangere, India. *Int J Clin Pediatr Dent* 2017;10:89-95.
10. Sajjad S, Rehman MU. Knowledge, attitude and practices of primary school teachers regarding oral health in public and private schools of Rawalpindi city. *Pak Armed Forces Med J* 2016;66:371-6.

Source of support: Nil; Conflict of interest: None Declared