



RESEARCH ARTICLE

KNOWLEDGE, ATTITUDES, AND PRACTICES OF ASHRAM SCHOOL TEACHERS  
TOWARD ORAL HEALTH IN WARDHA, INDIA

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ARTICLE INFO

Article History:

Received 20<sup>th</sup> December, 2017  
Received in revised form  
18<sup>th</sup> January, 2018  
Accepted 03<sup>rd</sup> February, 2018  
Published online 28<sup>th</sup> March, 2018

Key words:

Attitude,  
Knowledge,  
Practice, Teachers.

ABSTRACT

**Aim:** The aim of this study was to assess the knowledge, attitudes, and practices of ashram school teachers toward oral health.

**Settings and design:** Descriptive study.

**Materials and methods:** Ashram School teachers (n = 79) of Wardha district were recruited into this study. The subjects completed a questionnaire that aimed to evaluate teachers' knowledge, attitudes, and practices on oral health.

**Statistical analysis:** The results were statistically analyzed and percentage was calculated.

**Results and conclusion:** The participants' oral hygiene habits were found to be regular. The majority of teachers showed good knowledge on oral health. Most of the teachers in this study recognized the importance of oral health. The majority of teachers did incorporate the importance of oral health in teaching and educating children in the school. But, not all teachers are involved effectively. So, the teachers should be trained comprehensively regarding importance of oral health and creating awareness on oral health promotion for their students in combination with health care personnel.

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Citation: Dr. Anuja Ikhar, Dr. Manoj Chandak and Dr. Supriya Sawant, 2018. "Knowledge attitude and practices regarding hepatitis b vaccination among doctors of Nishtar hospital Multan", *International Journal of Current Research*, 10, (03), 66556-66560.

INTRODUCTION

Education of schoolchildren on oral health is most important because healthy oral habits are developed early in life. Children spend considerable amount of time in school, especially during the age when their habits are being formed. (Mota et al., 2016). Schools provide an effective platform for promoting oral health because they reach over 1 billion children worldwide. (Kwan et al., 2005). Ashram schools are residential schools for scheduled caste, scheduled tribe and nomadic tribe children whose parents cannot afford schooling for their children. These schools are residential schools providing lodging and boarding, uniforms, books and notebooks and educational equipment to its inmates and helping them to remain in the school system without dropping out. This is an effort by the Indian government to reach out the unreached. Most children in tribal areas have poor health and different health needs. Apart from various diseases, there is the high prevalence of oral health problems among the school children (WHO, 2003; Poul Erik Petersen, 2014). In general, dental diseases are the most common rapidly developing around the globe. The school teachers, especially primary school teachers, can play an important role in developing healthy habits in their students (Mota et al., 2016; Kwan et al., 2005)

Hence, the role of teachers during these developmental stages of the child is critical (Mota et al., 2016). It is now established that school teachers have an internationally recognized potential role in school-based dental education, and considerable importance has, therefore, been attributed to their dental knowledge (Sgan-Cohen et al., 1999). However, previous studies have shown that teachers' knowledge about oral health was inadequate and was inaccurate in some instances. (Nyandindi et al., 1996). So, the present survey was done to assess knowledge, attitudes, and practices of oral health in school teachers of Ashram schools in Wardha district.

MATERIALS AND METHODS

A total 8 schools were selected and total of 79 school teachers willing to take survey were included in this study. In order to assess knowledge, attitudes, and practices regarding oral health, a questionnaire was prepared for school teachers. With the permission from the dean of the school, the dental health questionnaire was explained to the teachers. Later, the questionnaire was distributed to them and collected after 30 minutes.

RESULTS

The results were tabulated and percentage (100%) was calculated and conclusions were drawn. This survey presented a

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comprehensive overview of the knowledge, attitudes, and practices of school teachers in Ashram schools. Table 1 describes knowledge of teachers on oral health. About 50% teachers in the study considered all the etiological factors for caries, whereas 91% teachers knew that oral health has direct correlation with general health. 56% teachers considered decay as the outcome of faulty brushing techniques. 88 % teachers knew tobacco can lead to serious oral diseases. Almost 88% had no idea about management of oral trauma, whereas none of them were aware of management for avulsed tooth.

### Knowledge, attitude practice of school teachers towards oral health

**Table 1. Knowledge of the teachers related to oral health**

1. What is the cause of dental caries ?

Sr.no	Options	Total (79)	%
a.	Improper brushing	3	3.79
b.	Micro organism	23	29.11
c.	Amount and frequency of eating sugary substances	9	11.39
d.	Not rinsing the mouth	4	5.06
e.	All of the above	40	50.63

2. Has oral health got any role in general health

Sr.no	Options	Total (79)	%
a	Yes	72	91.13
b	No	-	
c	Don't know	7	8.86

3. What does improper brushing lead to

Sr.no	Options	Total (79)	%
a.	Decay	45	56.96
b	Bad breath	6	7.59
c	Gum diseases	11	13.92
d	Stains	5	6.32
e	All of the above	12	15.18

4. How can u prevent dental problems

Sr.no	Options	Total (79)	%
a.	Avoiding sweets	5	6.32
b	Use of mouth rinse	2	2.53
c	Visit to dentist regularly	20	25.31
d	Brushing properly	35	44.30
e.	All of the above	17	21.51

5. Do you know the tobacco and related products leads to serious oral diseases

Sr.no	Options	Total (79)	%
a	Yes	70	88.60
b	No	5	6.32
c	Don't know	2	2.53

6. Do u have knowledge on first aid in managing oral trauma?

Sr.no	Options	Total (79)	%
a	Yes	-	
b	No	70	88.60
c	Don't know	-	

7. Do u know, how to manage tooth which is out of socket(avulsed)

Sr.no	Options	Total (79)	%
a	Yes	-	
b	No	79	100
c	Don't know	-	

**Table 2 Attitudes of teachers towards oral health**

1. Do you think maintaining a healthy mouth in individual responsibility?

Sr.no	Options	Total (79)	%
a	Yes	79	100
b	No	-	
c	Don't know	-	

2. Have you visited dentist before?

Sr.no	Options	Total (79)	%
a	Yes	22	27.84
b	No	57	72.15

3. Do you think it is required to visit dentist regularly?

Sr.no	Options	Total (79)	%
a	Yes	79	100
b	No	-	

**Table 3 Practices of oral health**

1. How do you clean your teeth?

Sr.no	Options	Total (79)	%
A	Toothpaste and tooth brush	30	37.97
B	Tooth brush and powder	26	32.91
C	Finger and toothpowder	11	13.92
D	Neem sticks	-	
E	Nus	12	15.18

2. How often you clean your teeth?

Sr.no	Options	Total (79)	%
A	Once daily	75	94.93
B	Twice daily	4	5.06
C	After every meals	-	

3. How often you change your brush?

Sr.no	Options	Total (79)	%
A	Once in three month	4	5.06
B	Once in six month	6	7.59
C	Yearly	20	25.31
D	When the bristles gets frayed up	35	44.30
E	Not sure	14	17.72

4. What amount of paste do you apply on your toothbrush?

Sr.no	Options	Total (79)	%
A	Full length of bristles	44	55.69
B	Half length	23	29.11
C	Pea sized	12	15.18

5. Do you clean your tongue?

Sr.no	Options	Total (79)	%
A	Yes	24	30.37
B	No	55	69.62

Table 2 denotes the attitude of teachers towards oral health. All the teachers thought oral health is individual responsibility. 72% participants had never visited dental clinic before but all of them agree that visiting to dental clinical on regular basis is important and required. Table 3 denotes oral health practices followed by participants. Only 38% teachers use toothpaste and toothbrush for cleaning. 75% participants clean their teeth once in a day and only 4% changed their brush once in three weeks. Only 69% participants clean their tongue.

### DISCUSSION

Preprimary and primary schools have a great potential for influencing the health behavior of the child. (Tones, 1979). During this period, the child goes through active developmental stages. The role of teachers during these developmental stages of the child is very important. Hence, school teachers can play a major role in oral health education programs at school levels. Schools have tremendous capacity to be supportive of programs involving preventive dentistry for children (Kenney, 1979).

It was found that teachers traditionally have educated children regarding oral health and often participated in school-based prevention programs (Mullins and Sprouse, 1973). Aim of this survey was to assess the oral health knowledge and attitudes of school teachers toward oral health practice by administering self-administered questionnaires. All the teachers were aware of the possible causes for tooth decay. 91% teachers knew that oral health is important and is correlated with the general health and wellbeing of an individual. Participants were aware that improper brushing will lead to decay, bad breath, gum diseases as well as stains. Teachers of this study showed more knowledge on effects of irregular brushing when compared with the studies done by Khan *et al.* (2001) and al-Tamimi and Petersen (1998) who showed that 26% of school teachers did not know anything with regard to tooth decay and one-third did not know anything about gum disease. It is sad to know that none of the participants knew about first aid after oral trauma and management of avulsed tooth. All the teachers were aware of the importance of a healthy mouth. This view was very similar to the study conducted by Almas *et al.* (2003) and Paul Lang *et al.* (1989). However, the teachers know the importance of visiting a dentist regularly. This was in concurrence with the study conducted by Ramroop *et al.* (2011) and Chikte *et al.* (1990).

Knowledge and practice in brushing teeth, changing toothbrush, and amount of toothpaste to be used were quite satisfactory. 38% teachers used toothbrush and toothpaste to clean their teeth. Around 94% of teachers brushed their teeth once daily. The results are dissimilar to the study conducted by Chikte *et al.* (1990) in which almost 66% participants brushed their teeth twice daily. All of the teachers, had highly acceptable attitude score toward oral health, irrespective of their experience. This showed that although some did not have good knowledge, they still had positive attitudes regarding their oral health. The results were similar to the previous study conducted by Wyne *et al.* (2002) Ahmad, (2015) and Sukhabogi *et al.* (2014). Numerous studies have been conducted worldwide and demonstrated the attitude, knowledge, practices, and willingness of school teachers to promote oral health among their children in school. Some studies in Minnesota, USA, Michigan USA, and in some parts of India have shown inadequate oral health knowledge, while on the contrary, studies from Romania, China, Saudi Arabia, and United States of America have reported positive attitudes and knowledge on oral health among teachers, and that they showed willingness to participate in oral health promotion (Al-Tamimi and Petersen, 1998; Petersen and Esheng, 1998).

Hence, providing education on oral health in schools helps children for development of personal skills, provides oral health knowledge, as well as promotes positive attitudes and healthy behaviors. Oral health education can be taught as a specific subject or as part of other subjects, addressing the underlying physical, psychological, cultural, and social determinants of oral and general health. (Kwan, 2005) The results of such questionnaire surveys should always be viewed with caution. Even though most of the teachers show satisfactory knowledge in some aspects of preventive oral health, they still lag behind in knowledge in some crucial parts of oral health. There is a definite and immediate need for teacher training programs on basic oral health knowledge. Further workshops are recommended to improve their existing knowledge. All the teachers should be trained at regular intervals, comprehensively regarding importance of oral health

and creating awareness on oral health promotion for their students with the help of health care personnel or organizations. Presently, the school curriculum has topics on oral health and its importance. Teachers can be considered to educate and motivate schoolchildren in maintaining their oral health. Efforts should be made to involve all teachers to educate and teach the child.

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