

AWARENESS ON ORAL HYGIENE PRACTICES AMONG RURAL PRIMARY SCHOOL TEACHERS

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Abstract

Oral disease can be viewed as a general medical issue because of its high pervasiveness and huge social effect. Interminable oral ailment ordinarily prompts tooth loss, and has physical, psychological and monetary impact. This survey was done to assess the awareness on oral hygiene practices among rural primary school teachers. A closed ended questionnaire, consisting of 10 components, was distributed among rural primary school teachers in the Madurai district of Tamil Nadu , India (n=127).The questionnaire elicited knowledge and practices of oral hygiene, their brushing habits, use of tooth paste, powder, use of mouth rinses, practice of night brushing and tongue cleaning. The responses were collected and analysed. 100% of the respondents practice regular tooth brushing.42% of them brushed both during the morning and night and 58% brushed in the morning,96% used tooth paste and 4% used tooth powder.34% used mouth rinses.16% used tongue cleaners. The findings of the study indicated that the awareness and knowledge of oral hygiene among primary school teachers in the rural district of Salem was good. Teachers, nevertheless, need educational programs ,workshops and symposiums on oral health issues to further empower them to educate the students .

Keywords: Awareness,oral hygiene,rural teachers.

Introduction

Oral disease can be seen as a general clinical issue in light of its high inescapability and enormous social impact. Wearisome oral illness conventionally prompts tooth loss,and has physical, psychological and money related effect: physical appearance and dietary practices are as often as possible aggravated, and the instances of step by step life and social relations are normally antagonistically influenced. Due to the failure to unite oral prosperity into general prosperity headway, millions bear dental agony and low personal satisfaction, and end up with loss of teeth.(Llompart et al., 2009; Obregón-Rodríguez et al., 2019; Sanchez-Acedo et al., 2013)

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Primary schools are suitable for the presentation and dissemination of oral prosperity information. Adolescents, the possible recipients, put a ton of vitality in this scenario. They can be arrived at when their prosperity penchants are molding. Oral prosperity information should be available to all the children, including the people who probably won't approach various wellsprings of prosperity information. (Poutanen et al., 2005)

Teachers expect a urgent activity in trim the lead and as a rule total headway of more youthful understudies. Teachers are known to apply great effect on their understudies and to a degree on the system free as a bird. The bearings allowed by the teachers are usually followed even more carefully by the students. The advantages of using school staff offer the potential for improved congruity of direction and cut down cost of the service. (Mehta & Kaur, 2012)

In a making country like India with a masses of more than 1 billion, where over 70% of the people stay in rustic territories, schools can work like an augmentation between the recipients and the oral health providers to improve oral wellbeing (Rao et al., 2014). Studies that have inspected the oral prosperity care among more youthful understudies have revealed that they have a low level of oral hygiene knowledge. (Harikiran et al., 2008; Naganandini et al., 2019) It is proposed that wellbeing guidance programs in the schools be driven by enough arranged teachers. Teachers need to have a sound data with respect to helpful oral prosperity inclinations to set up their understudies. Youths enter Grade I of the primary school between the 5 to 6 years of age, and continue until grade 7, around 13 years of age. This is a significantly fitting age social event to impart extraordinary oral neatness inclinations.

Past examination coordinated on grade teachers in Michigan has shown that educators' data about oral prosperity and oral neatness practices are insufficient and inappropriate. Very hardly any assessments reviewing the oral prosperity data, mien and practice of basic teachers have been represented from this bit of the country. An assessment coordinated on basic teachers in Dharwad, India have reported that teachers have sensible data with respect to oral health (Shekhawat et al., 2016) Such examinations can be helpful to amass the check data on the present data on the teachers and plan appropriate prosperity guidance programs for them. This study was done to assess the awareness on oral hygiene practices among rural primary school teachers of Madurai, Tamilnadu, India.

Methodology

. A closed ended questionnaire, consisting of 10 components, was distributed among rural primary school teachers in the Madurai district of Tamil Nadu , India (n=127). The questionnaire elicited knowledge and practices of oral hygiene, their brushing habits, use of tooth paste, powder, use of mouth rinses, practice of night brushing and tongue cleaning. The responses were collected and analysed.

Results

100% of the respondents practice regular tooth brushing (Fig 1).42% of them brushed both during the morning and night and 58% brushed in the morning (Fig 2),96% used tooth paste and 4% used tooth powder (Fig 3).34% used mouth rinses (Fig 4).16% used tongue cleaners (Fig 5).

Fig 1:Habit of tooth brushing

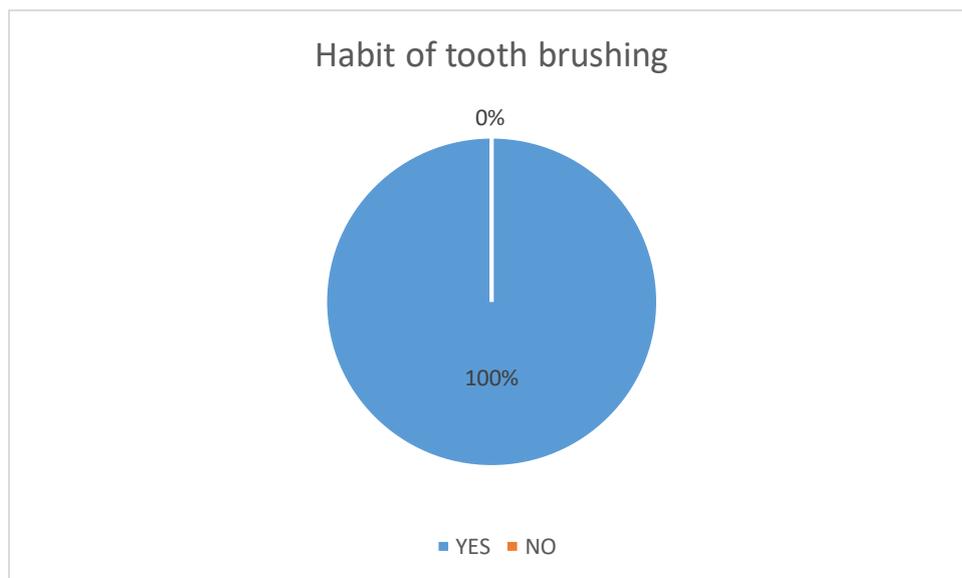


Fig 2:Tooth brushing practice

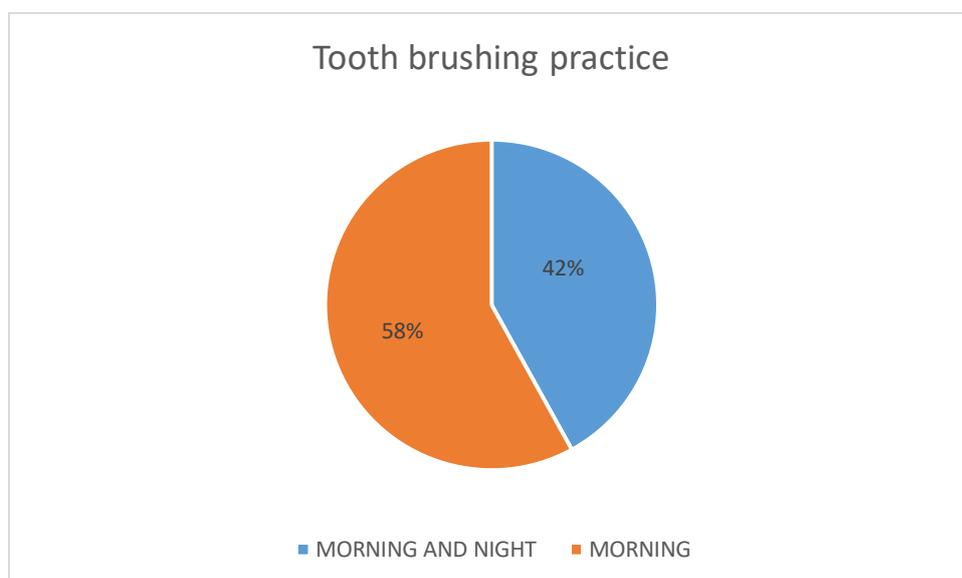


Fig 3:Use of tooth paste

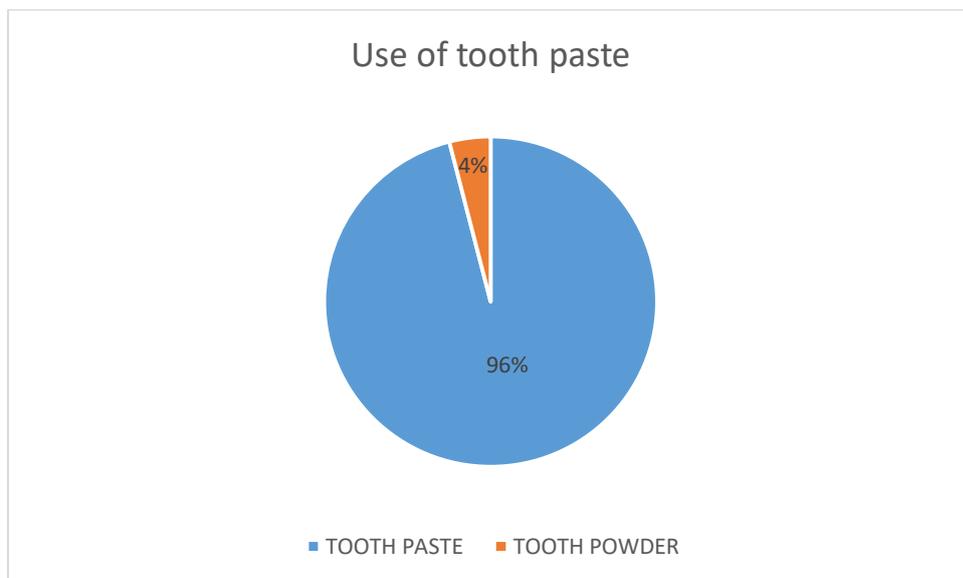


Fig 4:Use of mouth rinse

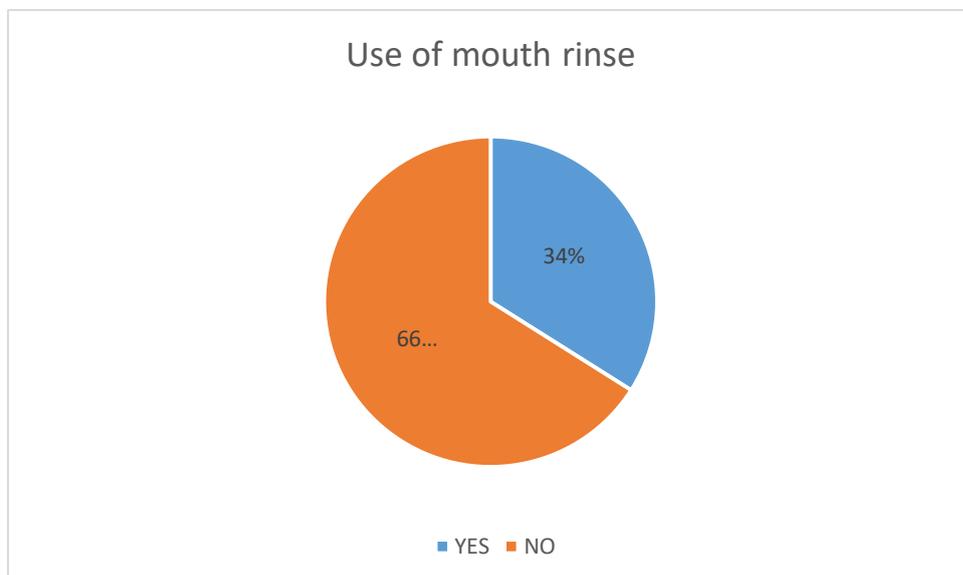


Fig 5: Use of tongue cleaners



Discussion

Oral illnesses and disorders are frequently chronic, unpleasant and deforming. Overall, these pose an immense social and economic burden of disease. Although rarely fatal, the effects of such oral illnesses have a substantial economic effect. An estimated total of 40.36 million hours has been spent per year on dental registry or dental issues. Many of the consequences of dental decay are severe and involve persistent pain, food obstruction, improper speech, dental extraction, with general ill health. (Agrawal et al., 2014; Hebbal et al., 2012)

Teachers, aside from just only giving instruction to the understudies, additionally have a moral duty of guaranteeing their health and security. To achieve this assignment, teachers must possess sound information with respect to general and oral health. While teachers are critical to the execution of school oral health training, they don't really have satisfactory information and abilities to empower them to convey the projects effectively (Lakshmi et al., 2016; Shenoy & Sequeira, 2010).

Teachers in all orders ought to be urged to remember oral health for their showing projects and exercises. They ought to be enlivened to make the educational program energizing and invigorating for understudies to obtain great oral health information and practices and to settle on healthy choices. When showing a reasonable ability, for example, tooth brushing strategy, it is important for the teachers to learn, and be able on brushing their own teeth viably first. This is especially significant as teachers are regularly considered as good examples by students. (Carvalho & de Carvalho, 2019; Srivastava et al., 2016) The findings of this analysis did not reveal the adverse performance of the teachers. Many oral health promotion services address school children only,

sidelining the teachers who are more important to propagate oral health. In view of the results of the present study, there is a pressing need to take steps in this regard and to carry out oral health awareness activities for teachers also.

Conclusion

The findings of the study indicated that the awareness and knowledge of oral hygiene among primary school teachers in the rural district of Salem was good. Teachers, nevertheless, need educational programs, workshops and symposiums on oral health issues to further empower them to educate the students. Collaboration between school professionals, parents, suppliers of dental services and subsidizing organizations is required to carry out a teacher training plan in the middle of the school year to improve oral health.

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