

IMPACT OF ORAL HYGIENE COUNSELLING ON KNOWLEDGE, ATTITUDE AND PRACTICES OF THE MOTHERS TOWARDS PRESCHOOL CHILDREN

KANCHAN DESHMUKH

Assistant Professor (Food Science & Nutrition), Women's College of Home Science & BCA Loni, Ta-Rahata Dist-
Ahmednagar Maharashtra, India

ABSTRACT

Background:- Children under the age of 5 years generally spend most of their time with parents and guardians, especially mothers, even when they attend pre-schools or nurseries. Mothers, who are the primary role model for them, their health beliefs and attitude towards oral health care, act as a significant predictor of children's oral health. Dental health education given to mothers and aimed at children is more concerned with forming habits, rather than trying to manage established routines. Hence knowledge of mothers has an important role in the maintenance of Oral hygiene status of the children.

Objective:-To evaluate the impact of Oral hygiene counselling intervention on knowledge, attitude and practices of the mothers towards preschool children

Materials & Methods:- Mothers and their preschool children aged 3-5 years belongs to pravaranagar region of Ahmednagar District, Maharashtra State, India were selected for the study. 300 mothers were selected as samples for the counselling intervention programme study. Out of these 300 mothers 153 mothers treated as the experimental group for intervention and the other 147 as the control group. The experimental group received Oral hygiene education through counselling by the researcher, while the control group did not. KAP method was used to measure the impact of counselling.

Result and Discussion:- Oral Hygiene knowledge, attitude and practices of the mothers towards the preschool children in the experimental group and control group was assessed before and after the intervention programme. It is overall concluded as from the results that knowledge, attitude and practice score level of the mothers in the experimental group was appreciable improved and statistically significant at 5 percent level (p -value < 0.05).

Conclusion:-The results of the study revealed that the counselling intervention on Oral hygiene has significantly improved the knowledge, attitude, and practices of the mothers towards preschool children.

Key Words: Knowledge, Attitude, Practices, Oral hygiene, Mother, Preschool children

1. INTRODUCTION

Children under the age of 5 years generally spend most of their time with parents and guardians, especially mothers, even when they attend pre-schools or nurseries. These early years involve "primary socialization" during which the earliest childhood routines and habits are acquired (Holm AK, 1990). 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 (Hind and Gregory, 1995). 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. Parent's knowledge and positive attitude toward good dental care are very important in the preventive cycle. It has been found that the more positive is the parents' attitudes toward dentistry; the better will be the dental health of their children (Kamolmatyakul S and Saiong S, 2007). Mothers, who are the primary role model for them, their health beliefs and attitude towards oral health care, act as a significant predictor of children's oral health (Levin L. and Shenkman A, 2004). Dental health education given to mothers and aimed at children is more concerned with forming habits, rather than trying to manage established routines. This concept has yet another advantage when it comes to intervention. Behavior learnt during the child's first year becomes deeply ingrained and resistant to change (Blinkhorn AS. 1981, Petersen PE 1992).

Considering above background, which highlighted the importance of mother's knowledge regarding Oral hygiene, this study was conducted to find out the Impact of Oral hygiene counselling on knowledge, Attitude and Practices of the mothers towards preschool children.

1.1 OBJECTIVES OF THE STUDY

- To counsel and educate mothers towards Oral hygiene of the preschool children.
- To evaluate the impact of the counselling intervention on Oral hygiene knowledge, attitude and practices of the mothers towards preschool children.

2. MATERIAL AND METHODS

2.1 Target Population

The target population was mothers of preschool children aged 3-5 years.

2.2 Study Population

The study population was mother of preschool children aged 3-5 years living in pravaranagar region of Ahmednagar District, Maharashtra State, India.

2.3 Inclusion Criteria

- Mothers of preschool children aged 3-5 years belong to pravaranagar region of Ahmednagar District.
- Mothers who agreed to participate in the study.

2.4 Exclusion Criteria

- Mothers who had no children aged below 3 years.
- Mothers, who were unavailable, were excluded from the study.

2.5 Sample Selection

The study was carried out in pravaranagar region, which are situated in Rahata, Shirampur, Rahuri and Sangamner Talukas of Ahmednagar District of Maharashtra State. The List and names of the preschool children (3-5 years of age) and their mothers had been collected from the various preschools and anganwadi schools of selected villages. 300 mothers were selected as sample for the intervention programme study. Out of these 300 mothers 153 mothers treated as the experimental group for intervention and the other 147 as the control group. The educational level of the mother was considered as the matching variable for both the experimental and the control groups.

2.6 Method of data collection

A pre-test–post-test control group design was chosen. The data was collected before and after the study in both the control and the experimental group. The experimental group received Oral hygiene education through counselling by the researcher, while the control group did not. After the intervention, the final data collection was undertaken in both the experimental and control groups after the 3 months gap period from the completion of Oral hygiene counselling intervention programme. In the present study KAP method was used to measure the impact of counselling. The KAP of mother's toward Oral hygiene questionnaire items were rated and scored. The total score obtained for KAP on Oral hygiene was classified into 3 categories: poor, fair and good.

3. RESULT AND DISCUSSION

Table 3.1: Distribution of the Mothers for counselling intervention programme on the basis of educational level

Mothers educational level	Selected Mothers (n=300)		Total (n=300)
	EG (n=153)	CG (n=147)	
Illiterate (unable to read and write)	3	2	5
Primary School	24	23	47
Secondary School	68	68	136
Higher Secondary School	29	28	57
Under graduate (UG)	20	16	36
Graduate /Post graduate(PG)	9	10	19
Total	153	147	300

EG=Experimental Group CG=Control Group n=number

Education is one of the most personal variables likely to have a positive impact on acquisition of knowledge by the respondents and development of attitude and practices by them. Hence in the present study sampled mothers were distributed on the basis of educational level for the Oral hygiene counselling intervention programme. These mothers were further classified into two groups in such a way that they could be matched. Out of these 300 mothers, 153 mothers were randomly selected and treated as the experimental group for intervention and the other 147 as the control group.

Educational level wise distribution of the selected mothers in the sub sample shown in the **table 3.1** indicates that most of 136 mothers had educational status up to secondary level. Followed by 57 had up to higher secondary school level, 47 up to primary school level, 36 up to under graduate (UG) level, 19 up to graduate /post graduate (PG) level. Only 5 mothers were illiterate in the counselling intervention programme.

Impact of Oral Hygiene Counselling Intervention Programme.

Table 3.2: Impact of Counselling Intervention on Oral Hygiene Knowledge of the Mothers

Oral Hygiene Knowledge Score Level	EG (n=153)					CG (n=147)			
	Pre Test		Post Test		Chi-square (alternative)	Pre Test		Post Test	
	n	%	n	%		n	%	n	%
Good >8	20	13	91	59	69.272* (less)	25	17	26	18
Fair >4 to 8	103	67	58	38	25.377*(greater)	99	67	98	67
Poor < 4	30	20	4	3	20.68*(greater)	23	16	23	15
Total	153	100	153	100		147	100	147	100

Table 3.3: Impact of Counselling Intervention on the Attitude of Mothers towards Oral Hygiene of the preschool children

Attitude towards Oral Hygiene Score Level	EG (n=153)					CG (n=147)			
	Pre Test		Post Test		Chi-square (alternative)	Pre Test		Post Test	
	n	%	n	%		n	%	n	%
Good>14	20	13	97	63	79.928* (less)	25	17	26	18
Fair >7 to 14	103	67	52	34	32.685* (greater)	99	67	98	67
Poor<7	30	20	4	3	20.68* (greater)	23	16	23	15
Total	153	100	153	100		147	100	147	100

Table 3.4 : Impact of Counselling Intervention on Oral Hygiene Practices of the Mothers towards the preschool children

Oral Hygiene Practices Score Level	EG (n=153)					CG (n=147)			
	Pre Test		Post Test		Chi-square (alternative)	Pre Test		Post Test	
	n	%	n	%		n	%	n	%
Good>17	20	13	96	63	78.097* (less)	27	18	26	18
Fair >8 to 17	103	67	53	35	31.398* (greater)	97	66	98	66
Poor <8	30	20	4	2	20.68* (greater)	23	16	23	16
Total	153	100	153	100		147	100	147	100

EG=Experimental Group CG= Control Group n=number

* Significant at 5% level (p-value < 0.05)

Preschool children's oral health maintenance and outcomes are influenced by their parent's knowledge and beliefs, which affect oral hygiene and healthy eating habits. Parent's knowledge and positive attitude towards good dental care are very important in the preventive cycle. It has been found that the more positive is the parent's attitudes towards dentistry; the better will be the dental health of their children. Mothers, who are the primary role model for children, their health beliefs and attitude towards oral health care, act as a significant predictor of children's oral health

In the present study Oral health hygiene counselling regarding oral hygiene practices, importance, daily brushing, role of fluoride, restricted the intake of sugary food items, regular dental visits, importance of deciduous teeth was imparted to the mothers of experimental group.

The Oral health hygiene knowledge, attitude and practices level of the mothers in the experimental group and control group was assessed after the intervention programme. Observed data related to oral health hygiene knowledge, attitude and practices level of the mothers has been presented in table 3.2, 3.3 and 3.4. The data showed that in the present study maximum number of the poor and fair scorers' mothers had upgraded Oral health hygiene knowledge, attitude and practices score to the upper levels i.e. fair and good levels. This shift was appreciable observed in the experimental group after imparting Oral health hygiene counselling. While in the control group a significant improvement was not observed.

The overall performance was appreciable in the post assessment of the experimental group. The increase in oral health hygiene knowledge attitude and practices score level of the mothers was good and statistically significant at 5 percent level (p-value < 0.05). Thus it is overall concluded as from the Chi-square test, there is an improvement in the experimental groups due to the impact of the Oral hygiene counselling intervention programme.

4. CONCLUSION

Here researcher is interested to test that whether Oral hygiene counselling significantly improved knowledge, attitude and practice score of the mothers towards preschool children after the counselling intervention. From the above results, it is overall concluded as knowledge, attitude and practice score level of the mothers in the experimental group was appreciable improved and statistically significant at 5 percent level (p -value < 0.05). From the Chi-square test, it also concluded that there is an improvement in the experimental groups due to the impact of the Oral hygiene counselling intervention programme.

5. RECOMMENDATIONS

The research confirms the indispensability of Counselling mothers on Oral hygiene especially in the view of pivotal role mother plays in preschool children age group who are our future capable citizens. The research therefore, recommended that, there is need to provide Oral hygiene education to mothers by experts which will go a long way in improving children Oral hygiene status.

6. REFERENCES

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