

**EFFECT OF CHILD TO CHILD APPROACH ON KNOWLEDGE
REGARDING PRACTICES OF ORAL HYGIENE AMONG
SCHOOL CHILDREN BETWEEN 8 TO 11 YRS**



A dissertation submitted to

THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY

CHENNAI

IN PARTIAL FULFILLMENT OF THE REQUIREMENT

FOR THE AWARD OF DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2015

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INTERNAL EXAMINER

EXTERNAL EXAMINER

DECLARATION

I, 301316652 hereby declare that this dissertation entitled **“EFFECT OF CHILD TO CHILD APPROACH ON KNOWLEDGE REGARDING PRACTICES OF ORAL HYGIENE AMONG SCHOOL CHILDREN BETWEEN 8 TO 11 YRS AT PERAMBALUR”** has been prepared by me under the guidance and direct supervision of **Prof.Mrs.N.VIMALA,M.Sc(N)**, PROFESSOR OF, Thanthai Roever College of Nursing, Perambalur, as requirement for partial fulfilment of **M.Sc Nursing** degree course under **The Tamilnadu Dr. M.G.R. Medical University, Chennai – 32**. This dissertation had not been previously formed and this will not be used in future for award of any other degree/ diploma. This dissertation represents an independent original work on the part of the candidate.

Place : Perambalur,

Date : April – 2015.

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II Year M.Sc (N) Student

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EFFECT OF CHILD TO CHILD APPROACH ON KNOWLEDGE REGARDING PRACTICES OF ORAL HYGIENE AMONG SCHOOL CHILDREN BETWEEN 8 TO 11 YRS

ABSTRACT

INTRODUCTION

Oral health may be defined as a standard of health of the oral and related tissues which enables an individual to eat, speak and socialize without active disease, discomfort or embarrassment and which contributes to general wellbeing.

OBJECTIVES

To assess the effectiveness of child to child approach on knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs

METHODS

Study design was pre experimental, one group pre test post test only design. Fifty school students were selected by using Non probability convenient sampling technique. The intervention of child to child approach was once daily for seven day and post test was done after seven days. Interview checklist was used to assess the knowledge regarding practices of oral hygiene.

RESULTS

Statistical findings revealed that the pretest mean score of knowledge was 5.56 with S.D 1.36 and the post test mean score of knowledge was 12.12 with S.D 1.76. The mean difference was 6.56 and the calculated paired 't' value 24.453 was found to statistically significant at $p < 0.001$ level.

CONCLUSION

The study highlights child to child approach knowledge regarding practices of oral hygiene was effective.

TABLE OF CONTENTS

CHAPTER NO	CONTENT	PAGE NO.
I	INTRODUCTION	1
	Background of the Study	2
	Need for the Study	3
	Statement of the Problem	5
	Objectives	5
	Hypotheses	6
	Operational Definitions	6
	Assumptions	7
	Delimitations	7
II	REVIEW OF LITERATURE	8
	Related Studies	8
	Conceptual Framework	13
III	METHODOLOGY	16
	Research Approach	16
	Research design	16
	Variables	16
	Setting of the study	16
	Population	17
	Sample	17
	Sample size	17
	Sampling Technique	17
	Criteria for selection of samples	17
	Tools of research	18
	Development and description of the data collection tool	18
	Scoring and grading procedure	18
	Pilot study	19
	Data collection procedure	20
	Plan for data analysis	20

	Ethical consideration	21
	Schematic representation of Research	22
	Methodology	
IV	DATA ANALYSIS AND INTERPRETATION	23
V	DISCUSSION	36
VI	SUMMARY, MAJOR FINDINGS OF THE STUDY, CONCLUSION, IMPLICATIONS, RECOMMENDATIONS	39
	REFERENCES	50
	ANNEXURES	I-VIII

TABLE NO.	TITLE	PAGE NO.
1.	Frequency and percentage distribution of demographic variables of school children between 8	24

to 11 yrs

2. Pre and post test level of knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs 29
 3. Comparison of pre and post test knowledge mean scores practices of oral hygiene among school children between 8 to 11 yrs 31
 4. Association of post test level of knowledge regarding practices on oral hygiene among school children between 8 to 11 yrs and their selected demographic variables 33
-

LIST OF FIGURES

FIGURE NO.	TITLE	PAGE NO.
1.	Conceptual framework	15
2.1	Percentage distribution of sex of school children	27
2.2	Percentage distribution of Education of mother	28
2.3	Percentage distribution of pre and post test level of knowledge regarding practices of oral hygiene among school children between 8 to11 yrs.	30
2.4	Comparison of Pre and Post test knowledge mean scores regarding practices of oral hygiene among school children between 8 to 11 yrs.	32

LIST OF ANNEXURES

ANNEXURE	TITLE	PAGE NO
I	Letter Seeking Permission to Conduct a Research purpose	I
II	Letter seeking experts opinion for content validity.	II
III	Evaluation Criteria Check List Validation	III
IV	List of Experts	IV
V	Certificate of English editing	V
VI	Certificate of Tamil editing	VI
VII	Data collection tool (English & Tamil)	VII
VIII	Flash card on oral hygiene (Tamil)	VIII

CHAPTER – I

INTRODUCTION

Oral hygiene is an integral part of overall health. Oral cavity plays a vital role in the life of children through functions like mastication, phonetics, communication and emotional expressions. It is highly essential to safeguard oral health of all children from early childhood.

Poor oral hygiene is highly prevalent among school children and to be a significant public health problem around worldwide, poor oral hygiene is found in all children, irrespective of age, caste, creed or geographical location. It is found as 95% of all cavities are caused by specific eating habits like sugar ,candies, ice-cream and canned juice which usually develop during early childhood which leads to toothache, sensitivity to food ,pus formation with severe pain ,inability to chew , swelling in cheek , fever, gingivitis and dental caries.

The common oral problem in school children is Dental caries, Periodontal disease, Tartar, Plaque, Malocclusion, Missing teeth and Teeth mobility.

WHO (2012) reported that oral health is essential to general health and quality of life, It is state of being free from mouth and facial pain , oral and throat cancer, oral infection and sores, Periodontal and Gum diseases and disorders that limit an individual's capacity of biting ,chewing, smiling, speaking and psychosocial well-being.

Dental caries is one of the most common chronic childhood diseases , 90% of all children have prone to get tooth decay by 8-12 years . Incidence of dental caries in 5-6 years is 52.94% and 12 – 13 years is 59.22%. In more than

51,000,000 school hours are lost annually because of oral health problems which affect children's performance at school.

The majority of Indian population resides in rural areas, of which more than 40% constitute children. These children cannot avail dental facilities due to inaccessibility, financial constraints and poor public dental healthcare services. This entails the health professionals to adopt a more practical approach to achieve primary prevention of oral diseases. The most viable solution seems to be dental health education.

The child-to-child approach concept was launched in 1979, which was celebrated as the "year of the child". The child to child approach teaching is a spreading health messages through children, the messages were simple but essential for saving lives, such as teaching little children about road safety, significance of hand washing ,personal hygiene, oral hygiene and Brushing technique etc.

Prevention is better than cure, most of us remember the importance of oral health only when a problem occurs. Good oral health will keep away most of the oral and dental problems protecting us from toothaches and dental treatments.

BACK GROUND OF THE STUDY

“MOUTH IS THE MIRROR OF THE BODY”

Health is not complete without oral health and health for all by the year 2025 can only be achieved through the medium of primary health care approach. The concept of dental health under the theme “Health for all by 2025 A.D” is a significant issue among human beings because 95% of all human beings have one or other dental problem at least once in their life time. Among the major portion

comes from the pediatric population, that oral debris is very commonly seen in mouth with poor oral hygiene in the age group of 5-8 yrs.

World Dental Federation., (2014) reported “ world oral health day” is celebrated every year on the 20th March. The purpose of this day is to increase global awareness for oral health as well as impact of oral diseases on general health and well being. The theme is “celebrating healthy smile”.

Indian Dental Association.,(2012) The council of dental health (CDH) plans and organizes oral health programs. These include dental health education in schools, dental camps, exhibitions, distribution of free dentures, essay writing and painting competitions and other related activities on a regular .

National Oral Health Care reported that the dental caries is a public health problem in school children with prevalence rate 60 – 80% in India. Apart from this, about 30% of children suffer from malaligned teeth and jaws affecting proper functioning of the dento-facial apparatus.

Jose. et.,al. (2008) conducted a study on prevalence of dental health problems among 1068 school children 12-15 years in rural kerala. The study concluded 54 % showed evidence of dental caries.

WHO reported that dietary components such as cow’s milk , whole grain foods ,peanuts, hard cheeses and chewing gum also stimulate salivary flow and protect against dental caries.

NEED FOR THE STUDY

Poor oral hygiene allows the accumulation of acid producing bacteria on the surface of the teeth. The acid demineralizes the tooth enamel causing tooth decay. In both conditions, the final effect of poor oral hygiene is the loss of one or more teeth. Just then to understand the importance of oral hygiene and preventive

care. Most of these dental and mouth problems may be avoided just by maintaining good oral hygiene.

Risk factor for dental caries family history of caries, presence of plaque, presence of demineralized enamel, abnormal tooth structure, inadequate exposure of fluoride, frequent consumption of fermentable carbohydrate, night time use of bottle, braces/orthodontic appliances, low socioeconomic status, inadequate dental care.

School Dental Programme (2012) started the awareness about good oral habits at school targeted at children in the age-groups between 9 to 14 years. In this programme spreading the message of how brushing twice a day with fluoridated toothpaste can play a significant role in preventing tooth decay and gum disease. Under this Programme activities such as free dental check-ups, distribution of samples of toothpaste and toothbrushes as well as educational leaflets and posters and large-scale community- based oral health camps are organized.

Mohammad Ali Lehari, et al. (2012) conducted a cross sectional study to assess the prevalence of dental caries and risk factor among 399 schoolchildren 12-15 years both boys and girls at Karachi. This study revealed there were 51% boys and 49% girls. The prevalence of dental caries was 66.67%.The mean Decayed, Missing, Filled Teeth (DMFT) score was 1.26. Mean was significantly higher in girls than boys.

Terri kyle, (2010) stated the school age children need to brush their teeth 2 or 3 times per day for 3 minutes each time. Parents should replace the tooth brush every 3 or 4 month. Parents must monitor the tooth brushing and arrange regular dental examination every 6 month to ensure good dental health and prevent dental problem

School Nurses play an integral role in preventing oral health problems. Nurse can be active members of preventive educational program and serve as counselor to the families regarding the importance of regular dental care, oral hygiene and dietary management. Nurses should encourage good oral hygiene and teach correct brushing technique to both children and their parents and Maintaining good dental and oral health should be a life long every day habit.

STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of child to child approach on knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs in Thanthai Roever Higher Secondary School at Perambalur.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding practices of oral hygiene among school children between 8 to 11yrs.
2. To assess the effectiveness of child to child approach on knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs.
3. To find out the association between the post-test level of knowledge regarding practices of oral hygiene among school children between 8 to 11yrs and their selected demographic variables.

HYPOTHESIS

H1: There is a significant increase in knowledge regarding practices of oral hygiene after implementation of child to child approach among school children between 8 to 11 yrs.

H2: There is a significant association between post-test level of knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs and their selected demographic variables.

OPERATIONAL DEFINITIONS

EFFECTIVENESS

In this study, effectiveness refers to gain in the knowledge regarding practices of oral hygiene after implementation of child to child approach.

CHILD TO CHILD APPROACH

In this study it refers to Teaching session with the use of flash card in small groups of children by a elder child of 9 yrs as changing agent who will be trained by the investigator for teaching knowledge regarding practices of oral hygiene. The ratio of changing agent and children is 1:5.

KNOWLEDGE

In this study it refers to the factual information regarding practices of oral hygiene existing among children.

PRACTICES OF ORAL HYGIENE

In this study it refers to daily action which help to maintain oral hygiene to keep the mouth and teeth clean and to prevent dental problems. It includes brushing technique, rinsing the mouth after each and every meal, visiting dentist once in six months.

SCHOOL CHILDREN

They are children who are going to the school as well as in the age group of 8 to 11 yrs.

ASSUMPTIONS

1. School children may have inadequate knowledge regarding practices of oral hygiene.
2. Child to child approach may enhance the knowledge on oral hygiene among school children.
3. Knowledge on practices may influence the school children to improve oral hygiene.

DELIMITATION

- ❖ The setting is limited to only one school.
- ❖ A study sample is limited to only one school.
- ❖ The sample is limited to children between 8 to 11 yrs only.
- ❖ Data collection duration is limited to only 4 weeks.

PROJECTED OUTCOME

The findings of this study will determine the effectiveness of child to child approach on knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs .

The study findings will help the health care members to implement child to child programmes.

CHAPTER – II

REVIEW OF LITERATURE

A literature reviews provides a back ground of current knowledge on a topic and highlights the necessity for new studies. (polit and beck 2011)

The review of related literature is an essential aspect of scientific research, it entails the systemic identification , reflection, critical analysis and reporting of existing information in relation to the problem of interest.

PART - I

The review of literature was presented under the following headings

SECTION A: Studies related to knowledge and practices of oral hygiene

SECTION B: Studies related to child to child approach regarding
Oral hygiene

A) STUDIES RELATED TO KNOWLEDGE AND PRACTICES OF ORAL HYGIENE

Sara Dakhili , et al. (2014) conducted a cross-sectional study to assess oral hygiene knowledge and practice among 175 school children at United Arab Emirates. This study revealed that 91.9% practiced the correct frequency of brushing. The association observed between correct knowledge and practice regarding inter dental cleaning was statistically significant ($p \leq 0.001$).

Aziz Kamran , et al. (2014) conducted a Cross-Sectional Study to evaluate oral hygiene knowledge ,practice and attitude among school children at Iran . This study revealed that 83% reported that use of fluoride paste strengthens the teeth and 18.2% reported the healthy teeth are strong ,5% participant reported for general dental check up and75% visited dentist only when dental pain. 8.2% had the habit of rinsing their mouth after eating. Oral hygiene practice and knowledge among school children is not satisfactory.

Rekha S.Sonavane , et al. (2014) conducted a cross sectional study to assess oral hygiene knowledge, and practices among 300 school children7-12 years at Bijapur . This study concluded that 37.33% of the children had oral problems, 18% had carious teeth, 67.67% brushed their teeth once a day. 75.33% brushed their teeth in horizontal strokes only, 80.43% did not visit the dentist for regular check-ups. The oral hygiene of school children in Bijapur was poor .

Baranya shrikrishna suprabha, et al. (2013) conducted a cross sectional study,to assess the knowledge, attitude, and oral health care practices and prevalence of dental caries among 858 (10-11)year old children at mangalore. This study concluded that the dental caries prevalence was 59.4%, and 54.5% had low knowledge. Children with low knowledge had significantly higher odds of having (Decayed, Missing and Filled teeth)DMFT \geq 1, not using fluoridated toothpaste, and being afraid of going to the dentist due to possible pain.

Priya.M (2013) conducted a cross sectional study to investigate the dental health knowledge ,practice ,attitude among school children 10-16 years at Chennai. This study revealed that the total 592 children were screened, of which 219 were males and 373 were females .It was observed that statistically significant difference with $P (< 0.001)$ was found when comparing the female

children 75.3% and male children 60.3%, Overall the level of knowledge score was statistically significant with $P = 0.004$.

Sofia Kabir, et al. (2013) conducted a cross sectional study to assess the Knowledge, Practices, attitude regarding oral hygiene among 400 school children at Shimla. This study concluded that 41.4% girls had adequate knowledge and 66.8% of students had good practice.

Manveerkaur.MS (2013) conducted a pre-experimental study to assess the effectiveness of structured teaching programme on knowledge regarding dental hygiene among 60 schoolchildren at Punjab. This study concluded that the pre-test mean score was 14.91 and After structure teaching programme the post-test mean score was of 23.01. The students had 32%adequate knowledge, 68% had good level of knowledge and 0% had poor level of knowledge.

Jiji George.K(2012) conducted a quasi experimental study on video assisted teaching to evaluate the effectiveness of planned teaching programme on knowledge regarding oral hygiene among 60 school children at Kerala. This study concluded that the Pretest knowledge score was 50%. After the video teaching programme the post test knowledge score was 74.32%. The student knowledge was improved after video teaching programme.

Shylaja (2012) conducted a quasi experimental study to evaluate the effectiveness of planned teaching programme on knowledge and attitude regarding oral hygiene among 60 school children at Madurai. This study concluded that the pretest knowledge score was 0% and the post test score was 88.4%. the pretest attitude score was 1.64% and the post- test score was 85%. After planned teaching programme the knowledge and attitude of the student was improved.

Vakani ,et al . (2011) conducted a Cross-sectional study to assess the oral hygiene knowledge, and practices among 300 school children and evaluate their DMFT (Decayed/Missing/Filled Teeth) at karachi. This study concluded that the mean DMFT score was 1.27. A statistically significant association was found between frequency of brushing and children's knowledge of the problems related to irregular tooth brushing ($p < 0.001$).

II) STUDIES RELATED TO CHILD TO CHILD APPROACH REGARDING ORAL HYGIENE

Aswathy Chandran (2013) conducted a pre experimental study to assess effectiveness of child to child approach on knowledge regarding practices of oral hygiene among 120 school children 8-11yrs at Bangalore. This study revealed that the child to child approach was significantly improve knowledge regarding practice of oral hygiene.

Mohammad Sayeed Ahmad, et al. (2013) conducted a quasi experimental study regarding child to child education on oro-dental hygiene among school students at Bangladesh. This study concluded that the Pretest knowledge score was 51.7% and after child to child education the post test knowledge score was 90%. This study revealed 80% of the students heard about the importance of oro-dental hygiene that reached to 100% after intervention.

Neethimozhi (2012) conducted a quasi experimental study to evaluate the effectiveness of child to child approach on knowledge and expressed practice of dental hygiene among 60 school children at Trichy. This study concluded that the knowledge of pre- test mean score was 51.33 and post test mean score was 78.80 and expressed practice of pretest mean score was 62.06 and post test mean score was 78.80.the child to child approach was effectively improved knowledge and expressed practice of dental hygiene.

Amirthaleena (2012) conducted a quasi experimental a study to assess the effectiveness of child to child programme on dental health among 50 primary school children at kanyakumari. This study revealed that the pretest mean score was 9.3 and after implementation of child to child programme the post test mean score was 14.0.

AnnaP.Chandy.MR (2010) conducted a pre experimental design a study to assess effectiveness of child to child approach among elder child to young child regarding dental hygiene among 50 school children at salem . This study revealed that the pre test knowledge on dental hygiene was 83.47% and post test score knowledge on dental hygiene was 74.13 %.and pre test knowledge on brushing technique was 74.13% and post test knowledge on brushing technique was 87.2%.

Sadiq Ali.N, (2009) conducted a Quasi experimental study to assess the effectiveness of child to child programme between elder children to younger child on dental hygiene among school children at Erode. This study concluded that the pretest knowledge score was 65.6% and post test knowledge score was 83.47%.

Ravichandran .D. (2008) conducted a quasi experimental study to assess the effectiveness of child to child approach on dental hygiene among 100 school children at Erode. This study concluded that the pre test mean score was 11.6 and after implementation of child to child approach the post test mean score was 14.64.

PART-II

CONCEPTUAL FRAME WORK

The conceptual frame work for this study was derived from Ludwig Von Bertalanffy's (1968), as cited by Chirtensen J. Paula and Kenny W. Janet (1995) General system theory. The general system theory was initially introduced in 1930s by Von Bertalanffy's. A system is a set of interrelated parts that come together to form a whole. Each part is necessary or integral component is required to make a complete meaningful whole. All living system or open systems which mean that they exchange energy matter and information across their boundaries with the environment general system theory consists of scientific explanation whole or wholeness; it has its sub system or input, through put, output. Input and output are the process by which a system is able to communicate and react its environment.

Input

Refers to matter, energy and information enters into the system its boundary. In this study input consists of demographic variables age, sex, education, type of family, residence, occupation of father, education of mother, education of father, dental caries and existing knowledge regarding practices of oral hygiene.

Through put

Is a process that occurs some point between the input and output process. It enables the input to be transformed in such a way that it can be readily by the system. In this study through put was considered as child to child approach regarding oral hygiene Type of teeth and structure, causes of poor oral hygiene,

Selection of tooth brush and toothpaste, Brushing technique, Rinsing, Diet management, Regular dental check up, complication of poor oral hygiene.

Out put

Is an energy, information (or) matter that is transformed to the environment. In this study the expected outcome was obtained by evaluating the knowledge regarding practices of oral hygiene through interview checklist. The output was evaluated by the post test after intervention. This is ultimately resulting in the improvement in the level of knowledge.

Feed back

Refers to analysis of the post test in this study, it refers to the evaluation of knowledge regarding practices of oral hygiene is very effective improvement level of knowledge.

EFFECT OF CHILD TO CHILD APPROACH ON KNOWLEDGE REGARDING PRACTICES OF ORAL HYGIENE AMONG SCHOOL CHILDREN BETWEEN 8 TO 11 YRS

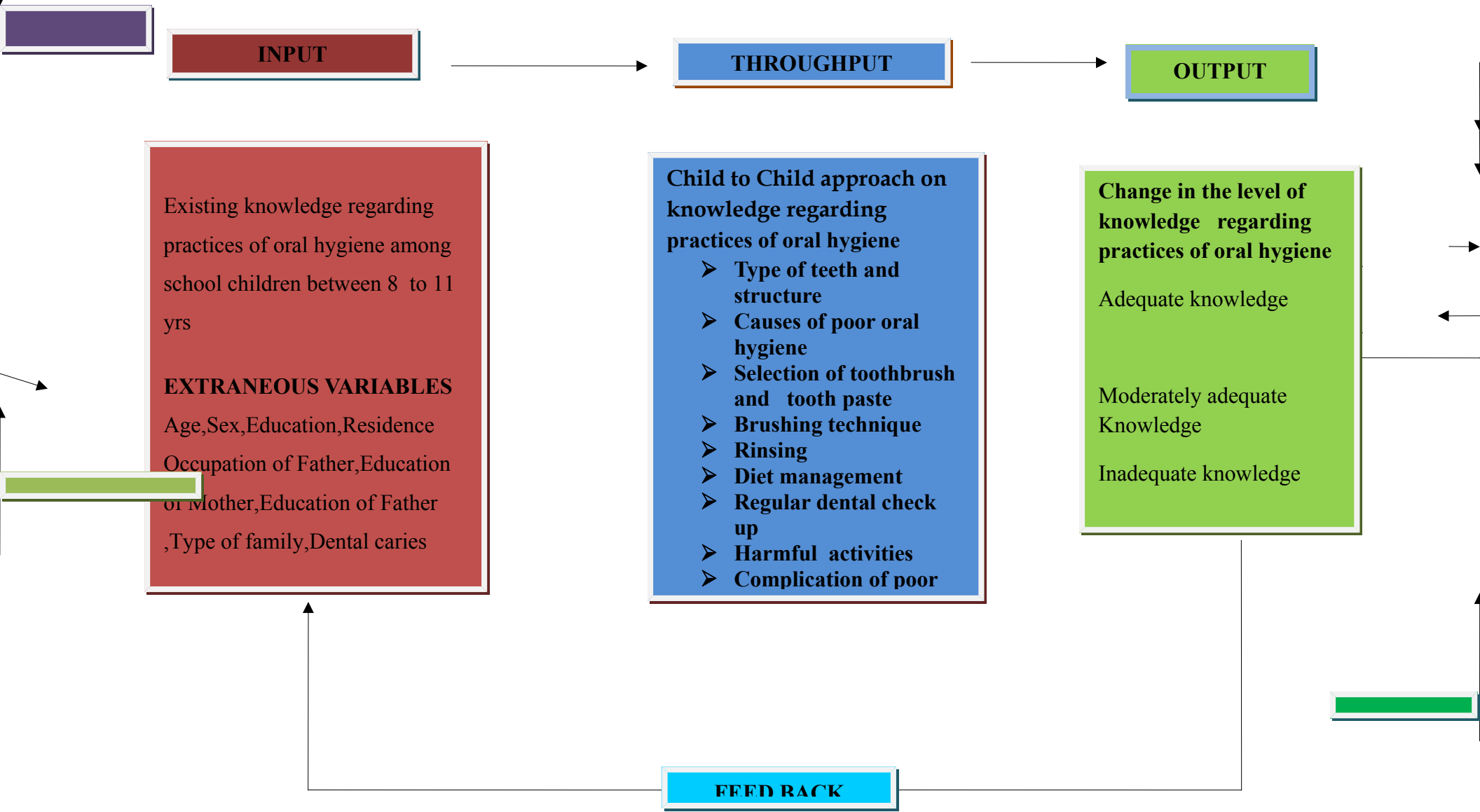


Figure - 1 General System Theory Model (1968) BY Ludwig Von Bertalanffy'S

CHAPTER – III

METHODOLOGY

This chapter deals with the research design, variables, setting, population, sample, criteria for selection of sample , sample size, sampling technique, development and description of the tool, content validity , reliability, pilot study, data collection procedure , and plan for data analysis.

RESEARCH APPROACH

Quantitative Evaluative approach

RESEARCH DESIGN

Pre experimental study [one group pretest and post test design]

PRE TEST	INTERVENTION	POST TEST
O1	X	O2

O1 - pre test assessment of knowledge

X-child to child approach

O2- post test assessment of knowledge

VARIABLES

Dependent Variable : Knowledge regarding practices of oral hygiene

Independent Variable : Child to child approach

POPULATION

The Target population

The target population of this study was 8 to 11 years of school children.

Accessible population

The accessible population of this study was 8 to 11 years of school children studying in Thanthai Roever Higher Secondary School at Perambalur.

SAMPLE

8 to 11 years of school children of both genders (female and male) in Thanthai Roever Higher Secondary School those who met the inclusion criteria.

SAMPLE SIZE

50

SAMPLING THCHNIQUE

Non probability convenient sampling technique

DURATION OF THE STUDY

4 Weeks

CRITERIA FOR SELECTION OF SAMPLES

A)Inclusion criteria

- ❖ Children between 8 to 11 years
- ❖ Children those who are available in the school at the time of data collection

The Investigator used a interview checklist to assess the knowledge regarding practices of oral hygiene

DEVELOPMENT DESCRIPTION OF THE DATA COLLECTION TOOL

The tools was developed after an extensive review of literature and considering the opinion given by medical and nursing experts.

It consists of the following two sections

Section I

Interview guide which consists of question of the demographic data.

Section-II

Interview checklist for assessment of knowledge regarding practices of oral hygiene consists of 15.

SCORING GRADING PROCEDURE

SCORING

The correct answer of each question carries ‘one’ mark and the wrong answers is marked ‘zero’, the maximum score is 15. The scores obtained by the children ‘s is converted to percentage and graded as follows.

GRADING PROCEDURE

SCORES	LEVEL OF KNOWLEDGE
---------------	---------------------------

agent. Re- training was given to the changing agent in case of those who had inadequate knowledge. They were trained till they gain adequate knowledge. On the 5th day the student were allotted to the changing agent by Non probability convenient sampling technique.

CONTENT VALIDITY

The content validity of the tool was obtained on the opinions of one in the field of medical specialist and four nursing experts. Tool was modified as per the consensus of all the experts and the tool was finalized.

RELIABILITY

The reliability of the tool was determined by Test re-test method. The reliability score was $r = 0.82$ Hence, the tool was considered highly reliable for proceeding the study.

PILOT STUDY

The pilot study was done at Thanthai Roever Higher Secondary School from 19.5.2014 to 26.5.2014 to test feasibility relevance and practicability. Permission was obtained from headmaster of Thanthai Roever Higher Secondary School.

The pilot study was conducted among 5 sample, 8-11 years of school children selected by using Non probability convenient sampling technique and pre experimental design was adopted for this study. The data analysis shows the study was to be feasible and it was decided to continue main study without

pretest post test design was adopted in this study. Non probability convenient sampling technique was used to select the sample. The investigator collected the data for 4 days a week from 9 am to 4 pm. The investigator established rapport with the children and obtained informed consent.

On day 1 the investigator did the pretest using Demographic data and interview checklist tool and assessed knowledge regarding practices of oral hygiene for changing agent and Re- training was given to the changing agent in case of those who had inadequate knowledge. They were trained till they gain adequate knowledge on the 5th day the student were allotted to the changing agent and should teach to their allotted children about the knowledge regarding practices of oral hygiene. Over all supervision was done by the investigator and post test was administered after seven days.

PLAN FOR DATA ANALYSIS

It was planned to analyze the collected data by using descriptive and inferential statistical will be used.

DESCRIPTIVE STATISTICS

- ❖ Frequency and percentage distribution will be used to analyze the demographic variables and assessment of knowledge regarding practice of oral hygiene among school children between 8 to 11 yrs
- ❖ Mean and standard deviation will be used to assess the pretest and post test score.

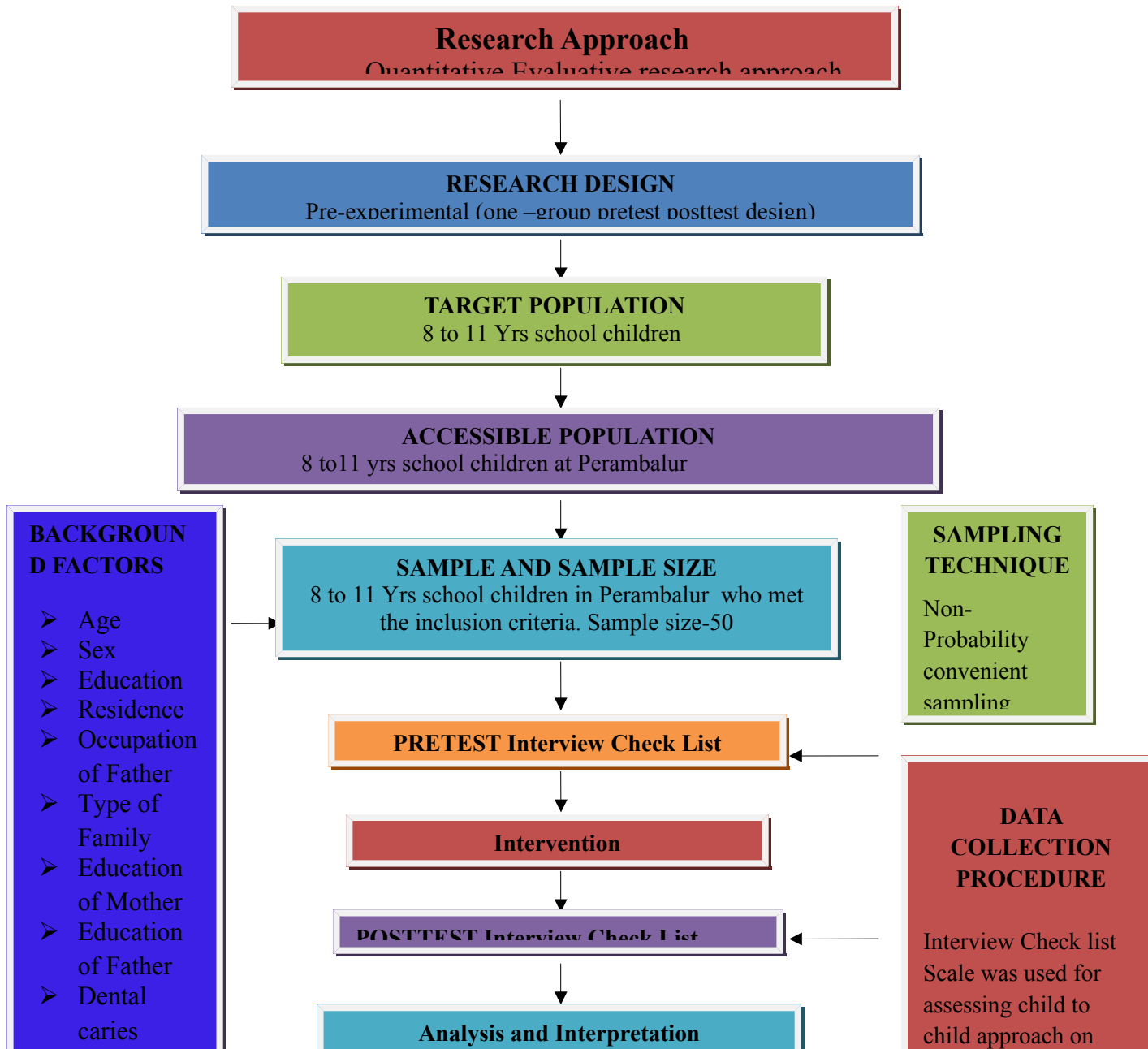
- ❖ Chi-square test will be used to find association of knowledge regarding practices of oral hygiene with their selected demographic variables.

ETHICAL CONSIDRATION

The research proposal was approved by the dissertation committee of the institution prior to pilot study. Permission was sought from principal of Thanthai Roever Higher secondary school, Perambalur. The informed consent from each children was obtained before data collection. Assurance was given to the study participants regarding the confidentiality and no harm to the children in the course of study.

SCHEMATIC REPRESENTATION OF RESEARCH

METHODOLOGY



CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

The analysis is a process of organizing and synthesizing the data in such a way that the research question can be answered and hypothesis tested (Polit and Hungler, 2011)

\

This chapter deals with analysis and interpretation of the data collected from 50 school children 8 to 11 yrs. The data was organized, tabulated and analyzed according to the objectives. The findings are presented under the following sections.

ORGANIZATION OF THE DATA

- SECTION I** : Description of the demographic variables of the school children between 8 to 11 yrs.
- SECTION II** : Pre and post test level of knowledge regarding Practices of oral hygiene among school children between 8 to 11 yrs.
- SECTION III** : Effectiveness of child to child approach on knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs.

SECTION I

Table 1: Frequency and percentage distribution of demographic variables of school children between 8 to 11 yrs

N = 50

Demographic Variables	f	%
Age of child (in years)		
8 to 9 yrs	25	50
10 to 11 yrs	25	50
Sex		
Male	19	38
Female	31	62
Education		
3 standard	14	28
4 standard	10	20
5 standard	12	24
6 standard	14	28

--	--	--

Occupation of father		
Professional	0	0
Skilled worker	16	32
Unskilled worker	25	50
Unemployed	9	18
Type of family		
Joint family	28	56
Nuclear family	22	44
Education of mother		
Illiterate	13	26
Primary education	17	34
Secondary education	16	32
Higher secondary	1	2
Graduate	3	6

Education of father		
Illiterate	15	30
Primary education	14	28
Secondary education	17	34
Higher secondary	2	4
Graduate	2	4
Dental caries		
Yes	24	48
No	26	52

The table 1 depicts that majority 25(50%) of the child were in the age group of 8 to 9 yrs and 10 to 11 yrs, 31(62%) were female, 14(28%) were studying in 3rd and 4th 36(72%) were residing in urban area, 25(50%) of fathers were unskilled workers, 28(56%) belonged to joint family, 17(34%) of mothers were educated upto primary education, 17(34%) of fathers were educated upto secondary education and 26(52%) had no dental caries.

Figure -2.1 Percentage distribution of sex of school children

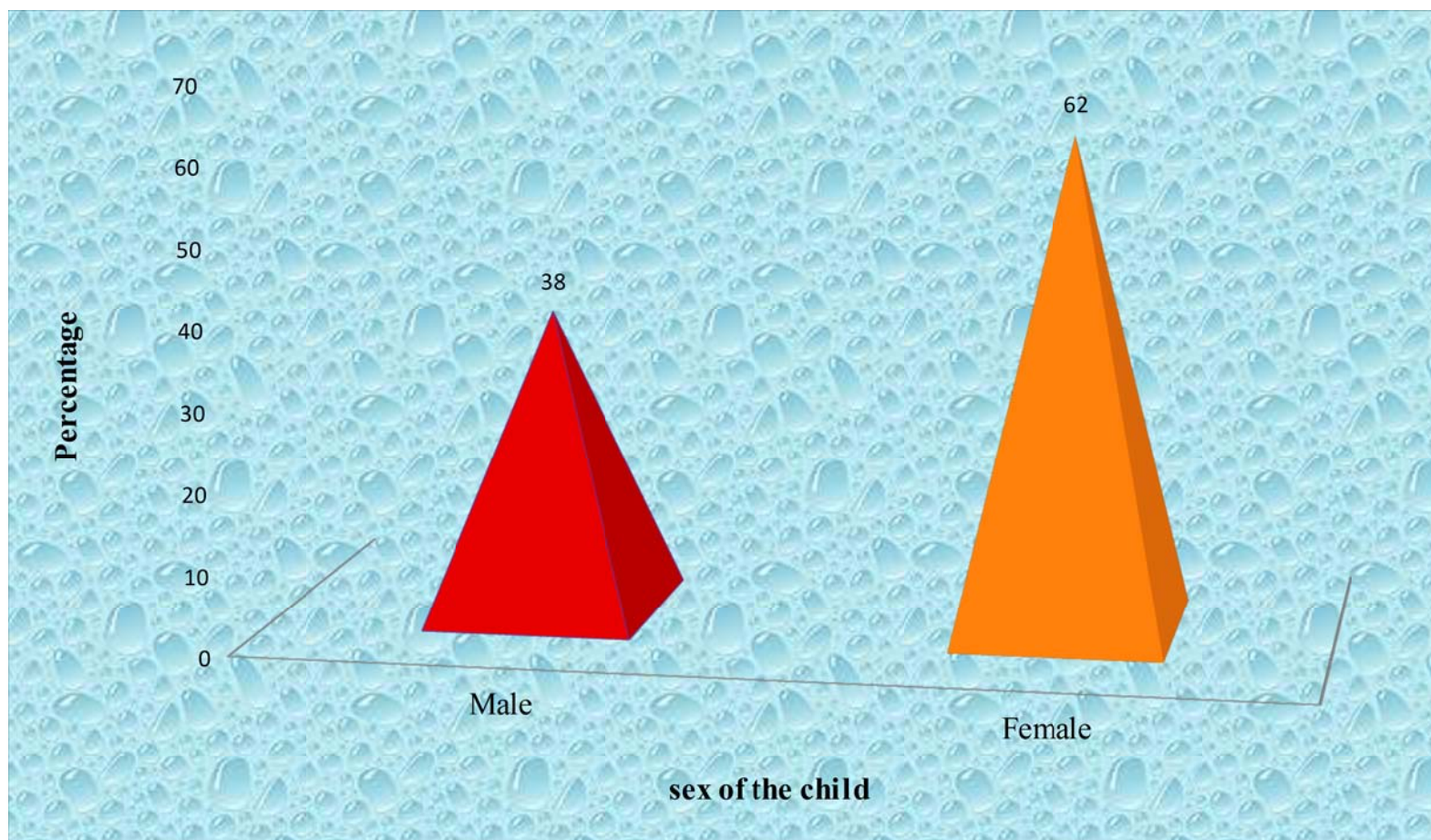
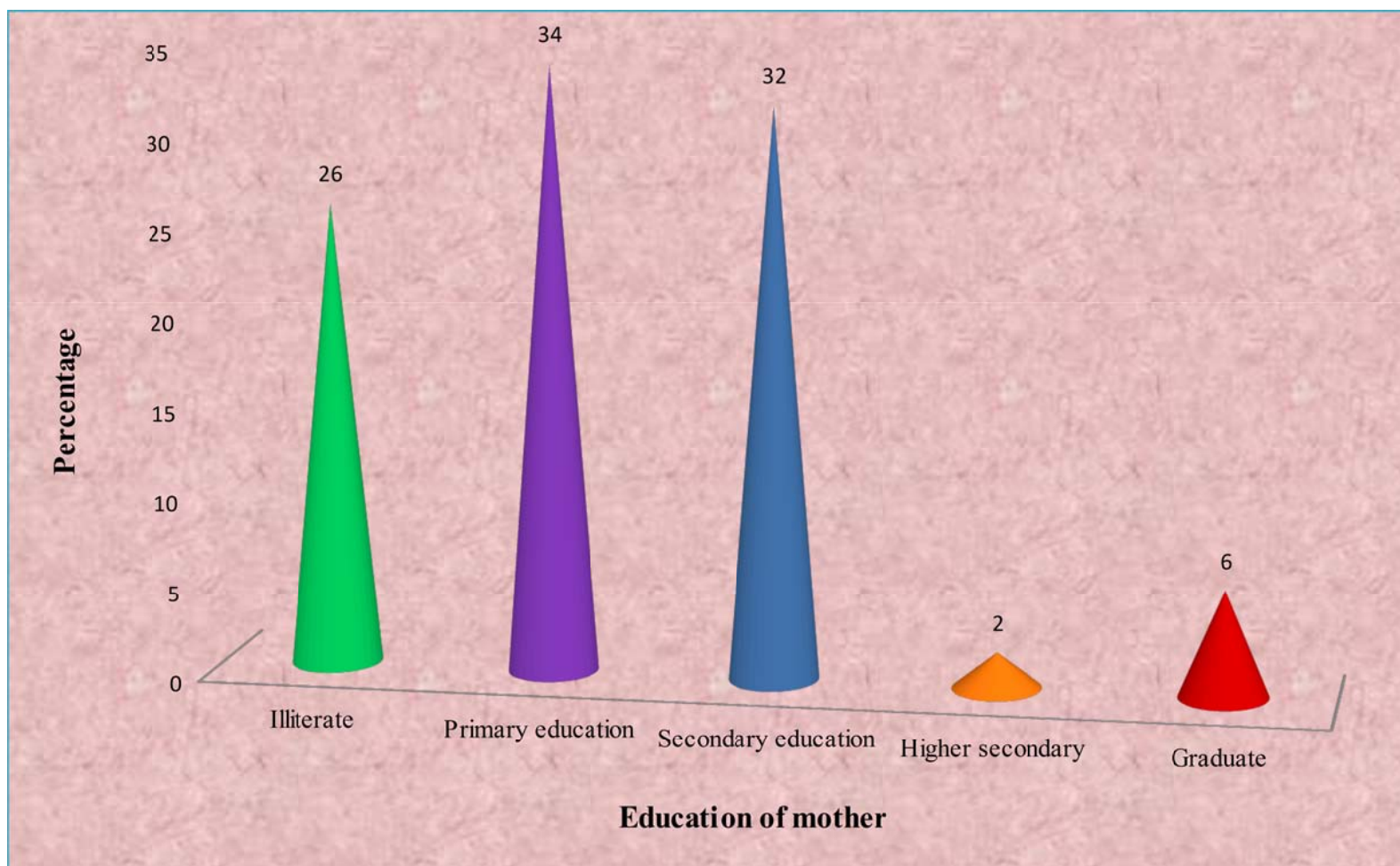


Figure -2.2 Percentage distribution of Education of mother

SECTION II

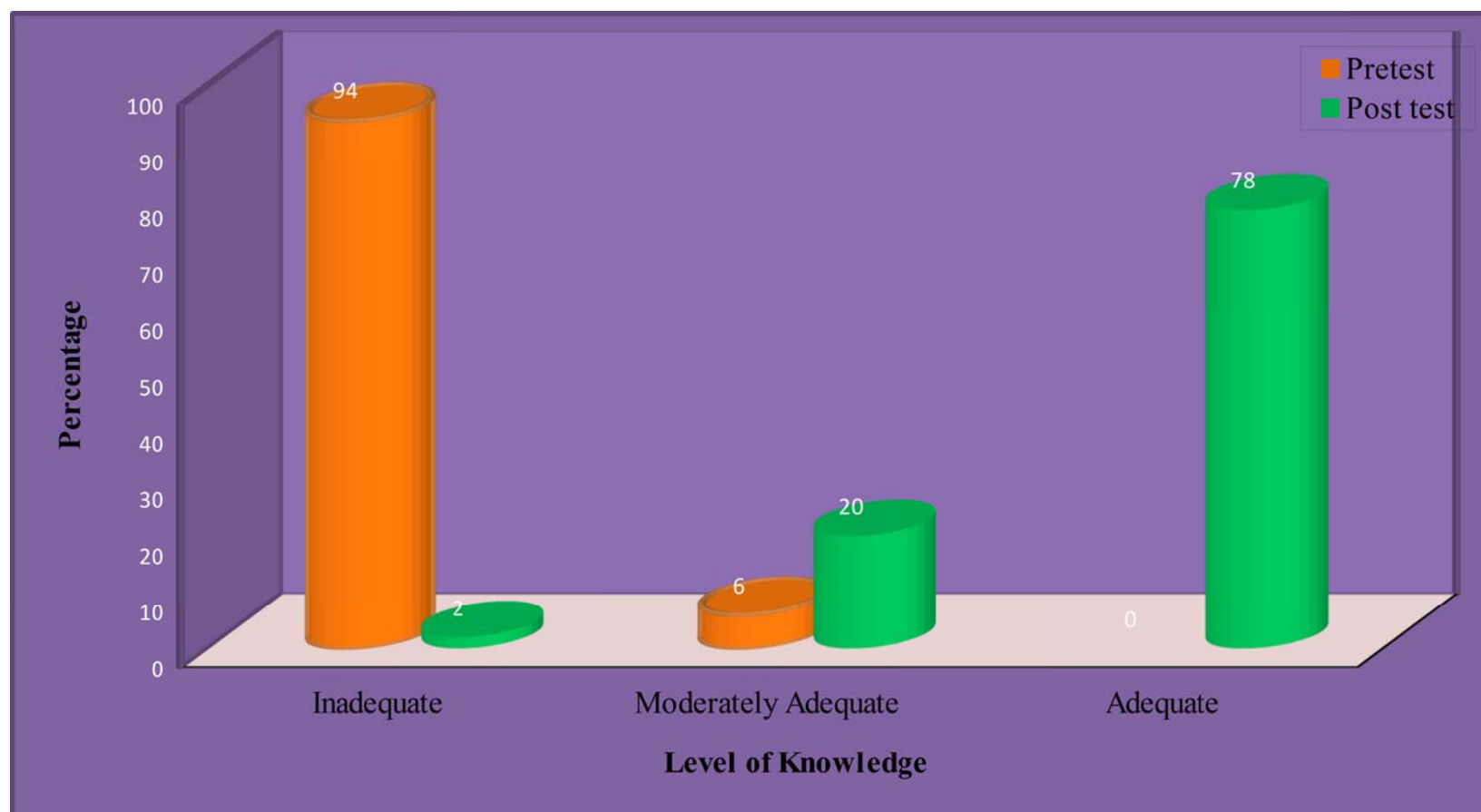
Table 2: pre and post test level of knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs.

N = 50

Level of Knowledge	Pretest		Post Test	
	f	%	f	%
Inadequate (≤50%)	47	94.0	1	2.0
Moderately Adequate (51 – 75%)	3	6.0	10	20.0
Adequate (>75%)	0	0	39	78.0

The table 2 shows that majority of the school children 47(94%) had inadequate knowledge and 3(6%) had moderately adequate knowledge. Where as in the post test after the implementation of child to child approach practices of oral hygiene, majority of the school children 39(78%) had adequate knowledge, 10(20%) had moderately adequate knowledge and 1(2%) had inadequate knowledge.

Figure -2.3 Percentage distribution of pre and post test level of knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs



SECTION III

Table 3: Comparison of pre and post test knowledge mean scores regarding practices of oral hygiene among school children between 8 to 11yrs.

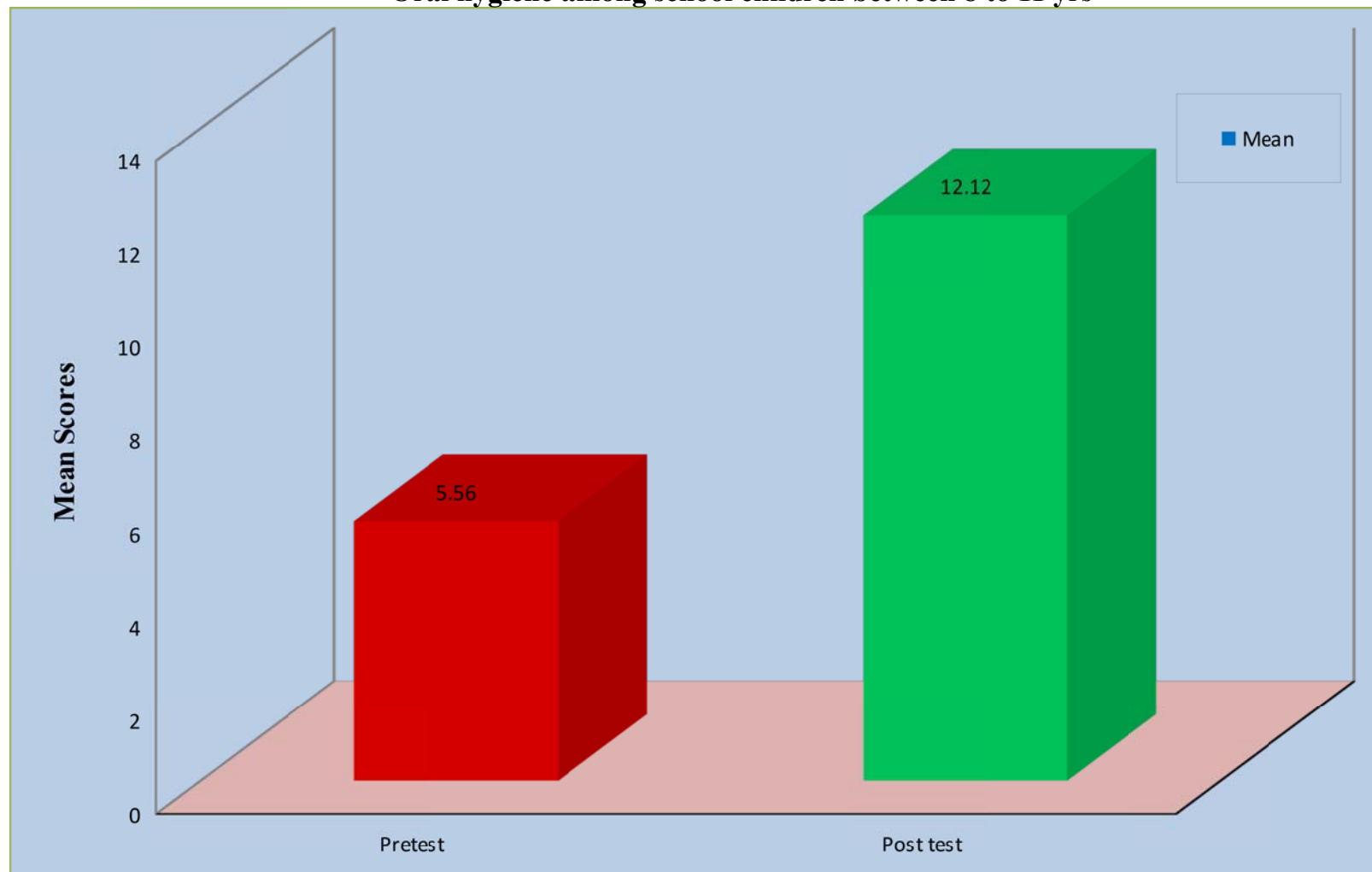
N = 50

Knowledge	Maximum score	Mean	S.D	Mean Diff.	Paired 't' Value
Pretest	15	5.56	1.36	6.56	t = 24.453***
Post Test	15	12.12	1.76		p = 0.000, S

***p<0.001, S – Significant

The table 3 shows that the pretest mean score of knowledge was 5.56 with S.D 1.36 and the post test mean score of knowledge was 12.12 with S.D 1.76. The mean difference was 6.56 and the calculated paired 't' value 24.453 was found to statistically significant at p<0.001 level. This clearly shows that after the implementation of child to child approach there was a significant improvement in knowledge regarding practices of oral hygiene.

Figure -2.4 Comparison of pre and post test knowledge mean scores regarding practices of Oral hygiene among school children between 8 to 11 yrs



SECTION IV

Table 4: Association of post test level of knowledge regarding practices on oral hygiene among school children between 8 to 11 yrs and their selected demographic variables.

Demographic Variables	Inadequate ($\leq 50\%$)		Moderately Adequate (51 – 75%)		Adequate ($>75\%$)		Chi-Square Value
	No.	%	No.	%	No.	%	
Age of child (in years)							$\chi^2 = 8.656$ d.f= 2 P = 0.013 S*
8 to 9 yrs	0	0	9	18.0	16	32.0	
10 to 11 yrs	1	2.0	1	2.0	23	46.0	
Sex							$\chi^2 = 0.633$ d.f= 2 P = 0.729 N.S
Male	0	0	4	8.0	15	30.0	
Female	1	2.0	6	12.0	24	48.0	
Education							$\chi^2 = 9.621$ d.f= 6 P = 0.145
3 standard	0	0	6	12.0	8	16.0	
4 standard	0	0	2	4.0	7	14.0	

Demographic Variables	Inadequate ($\leq 50\%$)		Moderately Adequate (51 – 75%)		Adequate ($>75\%$)		Chi-Square Value
	No.	%	No.	%	No.	%	
Residence							$\chi^2 = 1.211$
Rural area	0	0	4	8.0	10	20.0	d.f = 2
Urban area	1	2.0	6	12.0	29	58.0	P = 0.546
							N.S
Occupation of father							
Professional	-	-	-	-	-	-	$\chi^2 = 5.118$
Skilled worker	0	0	2	4.0	14	28.0	d.f = 4
Unskilled worker	1	2.0	4	8.0	20	40.0	P = 0.275
Unemployed	0	0	4	8.0	5	10.0	N.S
Type of family							$\chi^2 = 0.924$
Joint family	1	2.0	6	12.0	21	42.0	d.f = 2
Nuclear family	0	0	4	8.0	18	36.0	P = 0.630
							N.S
							$\chi^2 = 3.871$

Demographic Variables	Inadequate ($\leq 50\%$)		Moderately Adequate (51 – 75%)		Adequate ($>75\%$)		Chi-Square Value
	No.	%	No.	%	No.	%	
Secondary education	0	0	4	8.0	12	24.0	
Higher secondary	0	0	0	0	1	2.0	
Graduate	0	0	1	2.0	2	4.0	
Education of father							$\chi^2 = 5.358$ d.f = 8 P = 0.719 N.S
Illiterate	1	2.0	4	8.0	10	20.0	
Primary education	0	0	3	6.0	11	22.0	
Secondary education	0	0	2	4.0	15	30.0	
Higher secondary	0	0	1	2.0	1	2.0	
Graduate	0	0	0	0	2	4.0	
Dental caries							$\chi^2 = 1.553$ d.f = 2 P = 0.460 N.S
Yes	0	0	6	12.0	18	36.0	
No	1	2.0	4	8.0	21	42.0	

*p<0.05, S – Significant, N.S – Not Significant

statistically significant association with the post test level of knowledge regarding practices on oral hygiene among school children between 8 to 11 yrs.

CHAPTER - V

DISCUSSION

This chapter deals with the discussion of the data analyzed based on the objective and hypotheses of the study.

The main aim of the study was to assess the effectiveness of child to child approach on knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs are discussed below along with objectives,

OBJECTIVES OF THE STUDY

The first objective of the study to assess the level of knowledge regarding practices of oral hygiene among school children between 8 to 11yrs

The analysis of pretest level of knowledge regarding practices of oral hygiene revealed that 47(94%) had inadequate knowledge and 3(6%) had moderately adequate knowledge regarding practices of oral hygiene .

The analysis of post test level after the implementation of child to child approach on knowledge regarding practices of oral hygiene, revealed that 39(78%) had adequate knowledge, 10(20%) had moderately adequate knowledge and 1(2%) had inadequate knowledge.

The second objective of the study to assess the effectiveness of child to child approach on knowledge regarding practices of oral hygiene among school children between 8to11 yrs

The pre test mean score of knowledge regarding practices of oral hygiene was 5.56 with the standard deviation 1.36 and post test mean score was 12.12 with standard deviation 1.76.

The mean difference was 6.56 and calculated paired 't' value of $t= 24.453$ was greater than table value(0.000) at $p < 0.001$ level.

Hence the stated hypothesis,

H1. There is a significant increase in knowledge regarding practices of oral hygiene after implementation of child to child approach among school children between 8 to 11yrs was accepted.

The following authors Mohammad sayeed ahamed, Neethimozhi, Amirthaleena, Anna chandy, sadiq ali.N also suggested in their study the child to child approach was significantly improve knowledge regarding practices of oral hygiene.

The third objective of the study to find out the association between the post-test level of knowledge regarding practices of oral hygiene among school children between 8to11yrs and their selected demographic variables

There was no significant association found between the post test level of knowledge regarding practice of oral hygiene and demographic variables of sex, education, residence ,occupation of father, type of family , education of mother, education of father, dental caries as the calculated chi-square value less than table value at $p < 0.05$ level.

Based on the study findings the hypothesis.

H2. There is a significant association between post-test level of knowledge regarding practices of oral hygiene among school children between 8to11yrs and their selected demographic variables was not accepted.

CHAPTER - VI

SUMMARY, MAJOR FINDINGS, IMPLICATION, RECOMMENDATION, CONCLUSION

This chapter is divided into two sections. Section I deals with summary of the study, findings. Section II deals with implication in various areas of nursing practice, nursing education, nursing administration, and nursing research and its limitation and recommendations.

SUMMARY OF THE STUDY

The objectives of the study was to assess the effectiveness of child to child approach on knowledge regarding practices of oral hygiene among school children between 8 to 11 years in Thanthai Roever Higher Secondary School at Perambalur.

A quantitative evaluative approach, pre-experimental one-group pretest post test only the design was adopted for this study. Non probability convenient sampling technique was used to select the sample and the sample size was 50. Conceptual framework Ludwig von Bertalanffy's general system theory (1968) model is used for this study.

The tool selected for the present study include structured questionnaire for demographic variables and Interview checklist scale to assess the effectiveness of child to child approach on knowledge regarding practices of oral hygiene.

days. Over all supervision was done by the investigator and post test was done after seven days.

Both inferential and descriptive statistics were used to analyze the data, interpreted in terms of objectives and hypothesis of the study. The study findings shows that the child to child approach was effective in improve knowledge regarding practices of oral hygiene among school children between 8to11 yrs.

MAJOR FINDINDS OF THE STUDY

I Demographic variables

- Majority 50% of children's were belonged to 8 to 9 years and 10 to 11 years.
- Majority 62 % of children's were belonged to female.
- Majority 28% of children's were belonged to studying in 3rd and 4th standards.
- Majority 72% of children's were belonged to residing in urban area.
- Majority 50% children's fathers were unskilled workers.
- Majority 56% children's were belonged to joint family.
- Majority 34%of children' mother were educated upto primary education.
- Majority 34%of children's fathers were educated upto secondary education.
- Majority 52% of children' experienced no dental caries.

II Findings related to effectiveness of child to child approach

- The pretest mean score was 5.56 with the standard deviation of 1.36.

Data findings revealed that there was a statistically significant association of post level of oral hygiene and the demographic variables age of the child. The observed chi-square value (8.656) was greater than the table value (0.013) at $p < 0.05$ level of significance.

The calculated value was less than the table value at $p < 0.05$ level for sex, education, residence, occupation of father, type of family, education of mother, education of father, dental caries. So, there was no significant the post test level of oral hygiene and the demographic variables sex, education, residence, occupation of father, type of family, education of mother, education of father, dental caries.

IMPLICATIONS

The findings of the study have implication in various areas of nursing practice, nursing education, nursing administration and nursing research.

Implication for Nursing Practice

The pediatric nurses have a vital role in providing safe and effective nursing care for children to enhance knowledge regarding practice of oral hygiene.

This can be facilitated by motivating the pediatric nurses to

1. The study findings can be helpful to initiate child-child approach activities in school services and in the community. Based on this idea other changing agent

will help to prevent disease and promote health for which she can use child – child approach.

3. Nurse should take individual initiative and interest to teach regarding dental hygiene and its correct brushing technique.
4. Regular screening of school children to detect the dental caries earlier and refer them to dentist before the complication arises.

Implication for Nursing Education

1. Nursing curriculum should provide opportunities to the students to plan and conduct an oral health service programme for clients in various settings like school, family community, industry, hospital and primary health centre.
2. Oral hygiene has to be included as a part of curriculum with more emphasis on preventive and promotive aspects of health care practice.
3. Nurse educator can organize and encourage the nursing students to celebrate the world oral health day and conduct a rally to create awareness among the general population in clinical and community settings.
4. Health education classes can be conducted by nurses in a school setup.

Implication for nursing administration

1. Collaborative with governing bodies to formulate standard policies and protocols to emphasize nursing care on poor oral hygiene for children.
2. Conduct in service programme and continuing education programme for effective management of poor oral hygiene using different teaching method on oral hygiene.
3. Ensure and conduct workshops , conferences, seminars on different teaching methods to reduce poor oral hygiene for children.
4. Plan for man power, money, materials ,methods and time to conduct successful and useful educational materials

Implication for Nursing Research

1. Dental caries is one of the leading cause in children, research studies can be conducted in various areas to take up projects on new methods of teaching, focusing on children's interest, it's quality and cost effectiveness.
2. Disseminate the findings of the research through conferences, seminars, and publishing in nursing journal.
3. Promote effective utilization of research findings on prevention and management of poor oral hygiene for children

LIMITATIONS

1. Generalization will be better if large samples were included.
2. Due to constraints the investigator was unable to take more than fifty samples for the study.

RECOMMENDATIONS

The study recommends the following future research

- The similar study can be conducted with large samples for better generalization.
- A comparative study can be conducted to assess the child – child approach with other remedy for children with poor oral hygiene.
- A study can be conducted to assess the effectiveness of other measures such as video assisted instruction and computer assisted instruction, drama , puppet show for child with poor oral hygiene.

CONCLUSION

The purpose of this study was used to assess the effectiveness of the child to child approach on knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs in Thanthai Roever Higher Secondary School at Perambalur. From above, findings it evident that child to child approach is effective in improve knowledge regarding practices of oral hygiene among school children between 8-11 yrs.

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ANNEXURE – I**LETTER SEEKING PERMISSION FOR RESEARCH PURPOSE****From**

Reg No: 301316652,
II - Year M.sc [Nursing],
Thanthai Roever College of Nursing,
Perambalur

Through

The principal,
Thanthai Roever College of Nursing,
Perambalur.

To

Respected Madam /Sir,

Sub: Requisition for granting permission regarding,

I am doing II- Year M.sc [Nursing] in Thanthai Roever college of Nursing, Perambalur, under the Tamilnadu Dr.M.G.R. Medical University Chennai. As a partial fulfillment of my M.Sc [Nursing] Degree programme, I am going to conduct a study on, **“A study to assess the effectiveness of Child to child approach on knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs at perambalur”**. I would like to select your place for my data collection. Hence, I kindly request you to give me permission to conduct the study in your place.

Thanking you,

Place:

Yours sincerely,

Date:

RegNo: 301316652

ANNEXURE - II

LETTER SEEKING EXPERT'S OPINION FOR CONTENT VALIDITY

From

301316652

M.sc (Nursing) II Year,

Thanthai Roever College of Nursing,

Perambalur.

To

Respected Sir/Madam,

Sub: Requisition for content validity of tool.

I am doing M.sc (Nursing) II Year in Thanthai Roever college of Nursing, perambalur, under The Tamilnadu, Dr.M.G.R. Medical University Chennai. As a partial fulfillment of my M.Sc (Nursing) Degree programme, I am conducting a research on, “**A study to assess the effectiveness of child to child approach on knowledge regarding practices of oral hygiene among school going children (8 to11yrs)selected school perambalur**”. A tool has been developed for the research study . I am sending the above stated for your expert and valuable opinion, I will be thankful for your kind consideration. Kindly return it to the Undersigned.

Thanking you

Place:

Yours sincerely,

Date:

[301316652]

ANNEXURE-III

EVALUATION CRITERIA CHECK LIST VALIDATION

INTRODUCTION

The expert is requested to go through the following criteria for evaluation. Three columns are given for response and a column for remarks. Kindly place tick mark in the appropriate column and give remarks.

Interpretation of column:

Column I : Meets the criteria

Column II : partially meets the criteria

Column III : Does not meet the criteria

S.No.	Criteria	1	2	3	Remarks
1	Scoring - Adequacy - clarity - Simplicity				
2	Content - Logical Sequence - Adequacy - Relevance				
3	Language - Appropriate - Clarity - Simplicity				
4	Practicability - It is easy to score - Does it precisely - Utility				

Signature :
Name :
Designation :
Address :

Any other suggestion

ANNEXURE-IV

LIST OF EXPERTS OPINION FOR CONTENT VALIDITY FO RESEARCH TOOL

1. **Dr.Kala Devi, M.D**
Child Health Nursing
Perambalur
2. **Dr.Dulasi Raman B.D.S**
Senior surgeon
Perambalur
3. **Mrs.R.Punithavathi M.Sc (N).,**
Principal
Thanthai Roever college of Nursing
Perambalur.
4. **Mrs.N.Vimala M.Sc (N).,**
Professor
Thanthai Roever college of Nursing
Perambalur.
5. **Mrs.Sherin Ph.D.,**
Principal
Indira Gandhi College of Nursing
6. **Mrs.Parasakthi M.Sc (N).,**
Vice principal
Sagunthala college of Nursing
Trichy.

ANNEXURE - V
CERTIFICATE OF ENGLISH EDITING
TO WHOMSOEVER IT MAY CONCERN

This is to certify that Reg No: 301316652, II- Year M.sc [Nursing] Student of Thanthai Roever college of Nursing has done a dissertation study on **“A study to assess the effectiveness of Child to child approach on knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs at Perambalur”**. This study was edited for English language appropriateness.

Signature ,

ANNEXURE – VI

CERTIFICATE OF TAMIL EDITING

This is to certify that Reg No: 301316652, II- Year M.Sc [Nursing] Student of Thanthai Roever college of Nursing has done a dissertation study on **“A study to assess the effectiveness of Child to child approach on knowledge regarding practices of oral hygiene among school children between 8 to 11 yrs at Perambalur”**. This study was edited for Tamil language appropriateness.

Signature,

ANNEXURE - VII
DATA COLLECTION TOOL

SECTION-A

DEMOGRAPHIC DATA

Notes: Kindly furnish the following details by placing a tick in an appropriate choice.

1. Age of child (in years)

A] 8 to 9 yrs B] 10 to 11 years

2. Sex

A] Male B] Female

3. Education

A] 3 standard B] 4 standard
C] 5 standard D] 6 standard

4. Residence

A] Rural area B] Urban area

5. Occupation of father

A] professional B] Skilled worker
C] Unskilled worker D] Unemployed

6. Type of family

A] Joint family B] Nuclear family

7. Education of mother

A] Illiterate B] primary education
C] secondary education D] Higher secondary
E] Graduate

8. Education of father

A] Illiterate B] primary education
C] secondary education D] Higher secondary
E] Graduate

9. Dental caries

A] yes B] No

SECTION- A
INTREVIEW CHECKLIST FOR ASSESSMENT OF KNOWLEDGE
REGARDING PRACTICES ORAL HYGIENE

S. NO	QUESTION	RIGHT	WRONG
1	Brushing the teeth before taking coffee in morning as well as bed time		
2	Changing the tooth brush 3month once		
3	Tooth brushing with fluoride tooth paste is to prevent oral problem		
4	Brushing the teeth twice a day		
5	It is necessary to visit dentist every month for keeping oral health		
6	Brushing the teeth circular direction		
7	Brushing the inner surface of the chewing surface		
8	Taking the vit c is important for healthy gum		
9	Keeping the chocolate in the mouth will cause the dental caries		
10	Pricking the teeth with use of safety pin		
11	After brushing tongue cleaning is necessary		
12	After eating the food and sugar items gargle the mouth		
13	Brushing the teeth regularly will not affect dental caries		
14	After the brushing massaging the gum		
15	Using hard brush & hard brusing habits will affect the gum		

Correct answer

- 1) Right
- 2) Right
- 3) Right

- 4) Right
- 5) Wrong
- 6) Right
- 7) Right
- 8) Right
- 9) Right
- 10)wrong
- 11)Right
- 12)Right
- 13)Right
- 14)Right
- 15)Right