



**“EFFECTIVENESS OF ORAL HEALTH EDUCATION ON SCHOOL
CHILDREN AGED 13-15 Yrs BY DENTIST AND SCHOOL TEACHER”**

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Dissertation Submitted to the

Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore

In partial fulfillment of the requirements for the degree of

MASTER OF DENTAL SURGERY

In

PUBLIC HEALTH DENTISTRY

Under the guidance of

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May 2015

Rajiv Gandhi University of Health Science

Karnataka

SDMCDSLRC



T-01083

ABSTRACT

Introduction: Oral health education is largely been imparted by dentist, in improving the knowledge, attitude and behaviour of school children. School teachers on the other hand can provide oral health education to school children provided they are educated by the dentist. **Objectives:** To assess and compare the effectiveness of oral health education on school children knowledge, attitude, behaviour and oral hygiene status by dentist educating school children and school teachers followed by school teachers educating school children aged 13-15yrs in Dharwad city. **Methodology:** The total of 550 school children were selected from the total population in high school. Six schools were selected by stratified random sampling into 2 government, 2 un-aided and 2 aided schools and were divided into 2 groups i.e. dentist and school teacher group. Prior to the oral health education, oral health knowledge, attitude, behaviour questionnaire and oral hygiene status in the form of plaque index (Silness and Loe) and gingival index(Loe and Silness) among school children was assessed at baseline, followed by oral health education by dentist to school children and school teacher and in term school teacher educating school children. Reinforcement of oral health education was done at 1 and half months. After 3 months oral health knowledge, attitude, behaviour and oral hygiene status were assessed. **Results:** A total of 499 school children were present at the follow up with the drop out percentage was 8.74%.The results of dentist educating school children knowledge, Attitude, Behaviour and plaque index and gingival index score of 3 schools i.e. government school, unaided school and aided school showed statistically significant difference ($P \leq 0.05$) from baseline to 3 months. School teacher educating school children showed statistically significant difference ($P \leq 0.05$) in knowledge, Attitude,

Behaviour and plaque index and gingival index score in only unaided school from baseline to 3 months. Government school and aided school in school teacher group showed statistically significant difference ($P \leq 0.05$) in only knowledge score from baseline to 3 months. **Conclusion:** Oral health education given by dentist to school children was effective in the form of knowledge, attitude, behaviour and plaque index gingival index score in all the 3 schools. Oral health education given by school teacher was also effective in only un-aided school in the form of knowledge, attitude, behaviour and plaque index gingival index score in all the three schools. Oral health education given by school teacher was effective in the form of knowledge score only in government school and aided school

Key words: Knowledge, Attitude, Behaviour.

