

**ORAL HEALTH PROBLEMS AMONG CHILDREN OF SARDAR
COMMUNITY**

By

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DECLARATION

I hereby declare that this thesis has not been submitted for candidature for any other degree.

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LETTER OF RECOMMENDATION

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LETTER OF APPROVAL

This is to certify that the thesis entitled “**Knowledge of Oral Health Problem Among Children of Sardar Community**” written and submitted by **Srijana Chaudhary** has been examined. It has been declared for the fulfillment of the academic requirements towards the completion of Master of Health and Physical Education Development.

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ABSTRACT

The study entitled with “Knowledge of Oral Health Problem Among Children of Sardar Community” in Sunsari District. This study was conducted to assess the knowledge of Oral health problem among Children of Sardar Community. As well as to evaluate the correlation between their Oral health knowledge and selected socio-demographic variables.

A quantitative study was conducted at Itahari sub metro politan at GaisarSardarTole. A total sample of 45 children between the ages of 6 and 14 years completed the study with Permission to perform this study was received from the Department of Health and physical education, Janta Multiple Campus, Itahari, Sunsari.

The study investigated among rural 45 Children of Sardar Community in Sunsari district to access Oral health problem knowledge. Since the children are the future pillars of the country, the study tried to find out how hopeful we should be in the education of the leaders of tomorrow of Nepal on the issues and problems of Oral health. The findings of the study hopefully will be beneficial to education managers, curriculum developers, education ministry workers in Nepal and future researchers.

Oral care to remove Oral problem at the Oral clinic, received the lowest percentage of correct answers (13.33%). Regarding the knowledge and practice of effective brushing time, only 30% of the respondents knew the morning and night. With regards to the knowledge of the decaying teeth, 62.22% of the sample answered they had suffered. Only 53.33% of the participants knew the importance of regular Oral hospital visits. About 12.22% of the respondents knew the correct method of Oral protection. The results showed that the oral health education program was effective at improving participant's oral health knowledge.

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I am greatly thankful to Mr. Sanjiv Kumar Yadav, Head of the Department of Health and Physical Education, Janata Multiple Campus for giving permission to work in this research.

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ABBREVIATION

DMFT	decayed, missing, and filled teeth
GA	General Anesthesia
KAP	Knowledge, Attitude, Practice
NHRC	Nepal Health Research Council
OH	Oral Health
RCT	Randomized Control Trial
SEAR	South East Asia Region
WHO	World Health Organization

CHAPTER I

INTRODUCTION

1.1 Background of the Study

The biological risk factors for caries, such as fluoride availability or cariogenic bacteria counts, are influenced by behavioural elements, such as toothbrushing with fluoride toothpaste twice a day, reducing sugar intake, and receiving fluoride varnish. Caries risk is further impacted by wider socioeconomic and cultural elements. Hence, tackling the disease risk necessarily means tackling those behavioural and socioeconomic issues. Our teeth are made of hard bone like material. Inside the tooth are nerves and blood vessels. We need teeth for many activities but tooth disorders are nothing to smile about. They include problems such as cavities, infections and injuries. The most familiar and common symptom of tooth problem is tooth ache.

According to World Health Organization, “Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity”. Risk factors for oral diseases include unhealthy diet, tobacco use, alcohol use, and poor oral hygiene. Oral health means more than just healthy teeth affecting people physically and psychologically, and how it influences their growth, function, speech, esthetics, and socialize, as well as their feelings of social well-being. Oral health is important for good health and well-being of individuals which covers a range of health promotion and disease prevention concerns. It is important issue which needs continuing supervision for the health care professional. Good oral health habits in childhood are shaped by parents, especially by mothers. In the early childhood years, parents are the primary social force influencing child development and parents with higher education have more control on children’s health behavior compared to low educated parents.

In a country like Nepal, poverty, backwardness and other problems are prevailing. People of this land are majorly depended on agriculture. Because of various livelihood based problems people do not focus on personal hygiene. Thus

they are facing various health related problems. Dentists are the most effective to deliver the packages. Among different oral health problems, Oral caries is one of the major problems in the world.

World Health Organization reports 60-45% of schoolchildren worldwide have experienced Oral caries, with the disease being most prevalent in Asian and Latin American countries. In India, the prevalence of caries among preschool children was found to be in range of 40-70%.

Oral health is an essential and integral part of overall health throughout human life. The mouth is the mirror that reflects human's health and well-being. Studies have shown evidence of linkage between bacterial mouth infections such as Oral caries, gum disease and increased risk of heart disease, premature delivery of pregnant women and complicated control of blood sugar for diabetics. Poor oral health has negative consequences on individuals' behaviors, which may affect an individual's performance at school, home and work as well as the individual's concentration and self-esteem. Individuals cannot enjoy their food and are shy to laugh and are unable to socialize. Sometimes they feel neglected and inferior to other healthy people.

As Nepali societies have low level of oral health awareness and practices as compared to western societies, and knowledge of parents have direct role on this. Necessary amount of cavities are ruined because of regular sweet eating habit and not following healthy advice of elders or doctors. Thus teeth ache, gum problems, bleeding, bad smelling, swelling and other related problems are prevailing among children in high extent.

Until people do not get free from Oral problem, till then they have to suffer from physical, mental disorder. Just because of these reason, I have decided to study to find facts of these Oral health problems among 45 children of sardar community members in Itahari Sub Metropolitan, Sunsari district.

1.2 Statement of the Problem

The main livelihood source of about 64% people in Nepal is Agriculture. The personal sanitation and wellbeing is directly associated with the healthy state of the individual. Community has to be in the good health and hygiene condition for proper

development of the territory. A proper oral health helps to meet the aim of the health maintaining good health for economic development. Lack of awareness, carelessness, traditional belief and traditional practice, and many other reasons were prevailing behind oral problem.

In this context this proposed study tried to answer the following research questions;

- I. What was the socio-demographic situation of sardar community at Gaisar, Itahari Sub Metropolitan?
- II. What was the existing level of knowledge on oral health problem among the children of sardar community in Itahari Sub Metropolitan?
- III. What was the practice and practices on oral health problem among the children sardarcommunity in Itahari?

1.3 Objectives of the Study

In general, objectives of this proposed study will be to know the practical knowledge condition, practices and practices of oral health among the sardar community. The specific objectives of the study are;

- I. To find the socio economic condition among families of sardar community.
- II. To identify the level of knowledge on Oral Health Problem among children of sardar community.
- III. To find out oral hygiene practice among children of sardar community

1.4 Significance of the Study

The problems associated with tooth decay, periodontal disease, and poor oral health practices create a huge financial burden which often impacts the economically disadvantaged in family as well in study of the children of sardar community aim of social health activities.

In addition community people abandoned oral health habits such as brushing and flossing after meal. Due to the prevalence of oral health problems and the high costs of Oral care, research is needed to identify what sardar community know and do not

know about the causes of oral health problems. The result of this study will guide oral professionals on what information to provide at community to improve their oral health.

1.5 Delimitation of the Study

Each and every study had its own limitations. This study too was no exception. The main limitations of this proposed study are as follows;

- i. The present study was limited to very small regions i.e. A Sardar community Gaisar, Itahari.
- ii. It was further limited to people living in small houses with common rooms.
- iii. Children belonging to sardar community were selected for the study.
- iv. The door to door survey of oral health problems were done for the collection of data.
- v. The sample was limited to 45 children of sardar community, for the study.
- vi. Data were collected using simple random sampling.

1.6 Term Related Definition

Cavities/Tooth decay: damaged areas in part of the tooth that develop a tiny opening or hole. If the cavity is not treated well, it can lead to pain or even tooth loss.

Oral health knowledge: people's known facts of oral health practices as indicated by their answers to questions on the health survey.

Oral health practices: people's oral health practices of how often they brush and floss their teeth.

Oral Caries: A progressive destruction of bone or tooth
Oral Plaque: Soft thin film of food debris and dead cells forming on the teeth, which provides a medium for harmful bacterial growth.

Oral health: Good oral health means being free from any chronic pain or conditions of the mouth such as cancer, soft tissue lesions, periodontal disease, or cleft palate.

Practice: Way of feeling or thinking about anything.

CHAPTER II

REVIEW OF LITERATURE

The research was conducted with the aim to assess an educational oral health intervention for high-caries-risk children referred for Oral extractions. As such, this literature review will examine the current evidence in a range of relevant topics, this included: providing a brief overview of childhood caries and its risk factors. Exploring the general social and behavioral factors that are associated with high caries risk in children, examining childhood Oral caries in Nepal. Oral health education and preventive care can be better delivered to those children and their families in Sardar Community in Gaisar, Itahari sub metropolitan.

2.1 Review of Theoretical literature

In this modern age Oral health problems are treated in various ways. For the treatment of teeth x-ray is also a tool for identifying Oral problem. In which for adult Randomized Control Trial is done where for child Pulpectomy is done. Where there is teeth hole, such holes are filled with two things. They are Gingivitis and Composite. While teeth are taken out or removed by normal surgical method, Irregular teeth are fixed some time with FIX Orthe or night guard. For old people, full set of 28 teeth which is named CD is used to resolve teeth problem.

Despite improvements in the Oral health of populations globally, problems still remain in many communities around the -world particularly among underprivileged groups in developed and developing countries. Poor oral health has a profound effect on general health and several oral diseases are related to chronic diseases. The experience of pain, problems with eating, chewing, smiling and communication due to missing, discolored and damaged teeth have a major impact on people's daily lives and wellbeing. Oral diseases also restrict activities at school, at

work and home causing millions of school and work hours to be lost each year throughout the world.

The assumption is that college Children do not think it is necessary to floss their teeth because they may feel that they are not susceptible to future diseases. Perceived susceptibility is a powerful influence for getting people to adopt healthier behaviors in order to reduce risks for future diseases (Skinner, Tiro, & Champion, 2015).

This relates to the Health Belief Model regarding how Children would view their susceptibility to diseases, the perceived benefits and seriousness of oral health practices, the barriers they face, their cues to action for flossing, and lastly, self-efficacy or doing something about their flossing for them to feel better about their oral hygiene and to prevent future diseases (Skinner et al., 2015).

Ogundele and Ogunsile (2008) reported that secondary school Children and adolescents in Nigeria face challenges regarding their oral health, because of the daily high consumption of sugary foods and drinks and because of poor oral hygiene, which predispose them to Oral caries and periodontal disease. According to Sofola (2010), chronic periodontal disease was found highly prevalent among Nigerians, right from the 1960 to date; over 75% of Nigerian suffers from periodontal diseases, due to poor oral hygiene.

Oral hygiene measures should be implemented no later than the time of eruption of the first primary tooth. Tooth-brushing should be performed for children by a parent twice daily, using a soft toothbrush of age-appropriate size and the correct amount of fluoridated toothpaste. Moreover, it is recommended that tooth brushing should take place last thing at night before bedtime and on at least one other occasion during the day. The duration of tooth brushing should exceed 1 min on each occasion, and eating directly after brushing should be avoided.

As Oral caries is an infectious, microbiological disease that result in localized dissolution and destruction of the calcified tissues of the teeth. Oral caries is one of the most common childhood diseases. Different health related activities are done except Oral health from different sector. For this from different media like radio,

television, newspaper different types of awareness programs are to be conducted with the coordination between different stakeholders

2.2 Review of the Empirical Literature

Oral caries in children is a worldwide issue and a major public health concern. Despite overall improvements in oral health during the recent few decades, Oral caries remains a disease that affects a large number of children worldwide (Bagramian et al., 2009, Vadiakas 2008). Moreover, untreated caries in primary teeth is the tenth most prevalent health condition in the world, affecting 9% of children worldwide (Marcenes et al., 2013a). The distribution of the disease is strongly associated with socio-economic deprivation as well as poor parental oral health practices (Congiu et al., 2014), two issues that are often intertwined. This association has led to the disease being clustered within a specific portion of society, which is under higher risk. As such, researchers have reported that children in developing countries, or socially deprived populations within developed countries, are under a significantly higher risk of developing caries (Marthaler 2004). In fact, some reports have suggested that up to 70% of those children can be affected (Milnes 1996).

The presence of Oral caries can affect the life of children and their parents. In fact, the 2013 Child Oral Health Survey (CDHS) in England has revealed that about one fifth of families in England have reported being impacted by the disease in the previous six months, whether the impact was the child needing more attention, the parent feeling anxious or guilty, or the parent needing to take time off work and causing financial difficulties (Health and Social Care Information Centre 2015a).

Other authors around the world have reported similar findings (Abanto et al., 2014; Ramos-jorge et al., 2014). Casamassimo et al. (2009) reported that untreated caries in children leaves an impact on the child, their family and society. They noted that children with caries can suffer from pain, eating and sleeping dysfunctions, loss of attentiveness at school, reduced academic performance, as well as morbidity associated with treatment upon late presentation. Meanwhile, the parents lose sleep, need to take time off work and in some countries have to pay towards treatment, placing a financial burden on those often deprived families. Indeed the family as a unit could be put under a lot of stress. Finally, society as a whole is affected, as significant expenditures are required for managing a disease that is ideally completely preventable (Casamassimo et al., 2009).

Oral caries and periodontal diseases have historically been considered the most important global oral health burdens. Oral caries is still major health problem in

most industrialized countries as it affects 60-45% of school-aged children and vast majority of adults. In most developing countries, the level of Oral caries was low until recent years but prevalence rate of Oral caries are now showing a steady increase. This is largely due to increasing consumption of sugar and inadequate exposure to fluorides. The distribution and severity of Oral caries varies from country to country. Globally, decayed, missing, and filled teeth (DMFT) for 12 years olds were estimated 1.74 during 2001 and 1.61 during 2004.

Humagain (2011) performed a descriptive cross sectional study evaluating the knowledge, practice, and practice (KAP) about oral health among secondary school level Children of rural Nepal. The result showed that only 35.1% of the study participants actually had knowledge of oral hygiene, and only 20% reported that they were regular Oral attendees for check-ups. Humagain concluded that the oral health knowledge, practices, and practice of the Children was poor.

According to a Oral survey held in Nawalparasi district among 1000 Children, 32 percentage of 5-13 years Children found suffering from tooth ache, 42.2 percent of Children were found using paste and brushing twice a day, 10.9 percent were found suffering from gum bleeding, 1.7 percent Children found having enamel fluorosis and 4.5 percent Children were found with Oral trauma. (NHRC2015).

According to a Oral survey held in Terathum district, 380 male and 388 female population, 239 male and 319 female were found suffering from tooth ache, 76 male and 110 female were found suffering from gum diseases, 175 male and 117 female were found suffering from mouth ulcer, 68 male and 78 female were found suffering from fungal infections, 13 male and 35 female were found suffering from teeth and other disease. (L.D.H.2063/2064)

According to Journal of Chitwan Medical College 2014, among 88 children, 61 percent Children found with Oral problem, 36.5 percent Children suffered from tooth pain among 6 to 11 years age and 58.5 percent Children suffered from tooth pain among 12 to 16 years age, only 4 percent Children had Oral consultation, almost 92 percent of them never received Oral health education in school.

According to Kathmandu University Medical Journal 2014, among 100 total patients of 3 to 6 years in Dhulikhel Hospital, It was found that 81 percent had

moderate knowledge, 1 percent had poor knowledge and 4 percent had good knowledge about oral hygiene.

According to Thapa 2076 aOral survey conducted in a primary school of Ratuwamai-9, Morang district, among 45Children only 86.76 percent Children found with knowledge of Oral health, 66.67 percent Children found with habit of brushing one time a day, 30 percent Children found with two time brushing habit and 3.33 percent Children found with three time brushing habit. During toothache, 34.44 percent student found visiting Oral clinic, 28.89 percent Children found using medicine at home, 28.89 percent Children found visiting health post, 7.78 percent found visiting Traditional Quack Doctor.

2.3 Implication of Review of Literature

The goal of the study of oral health problem among sardar community at Gaisar, Itahari Sub Metropolitan to provide the followings;

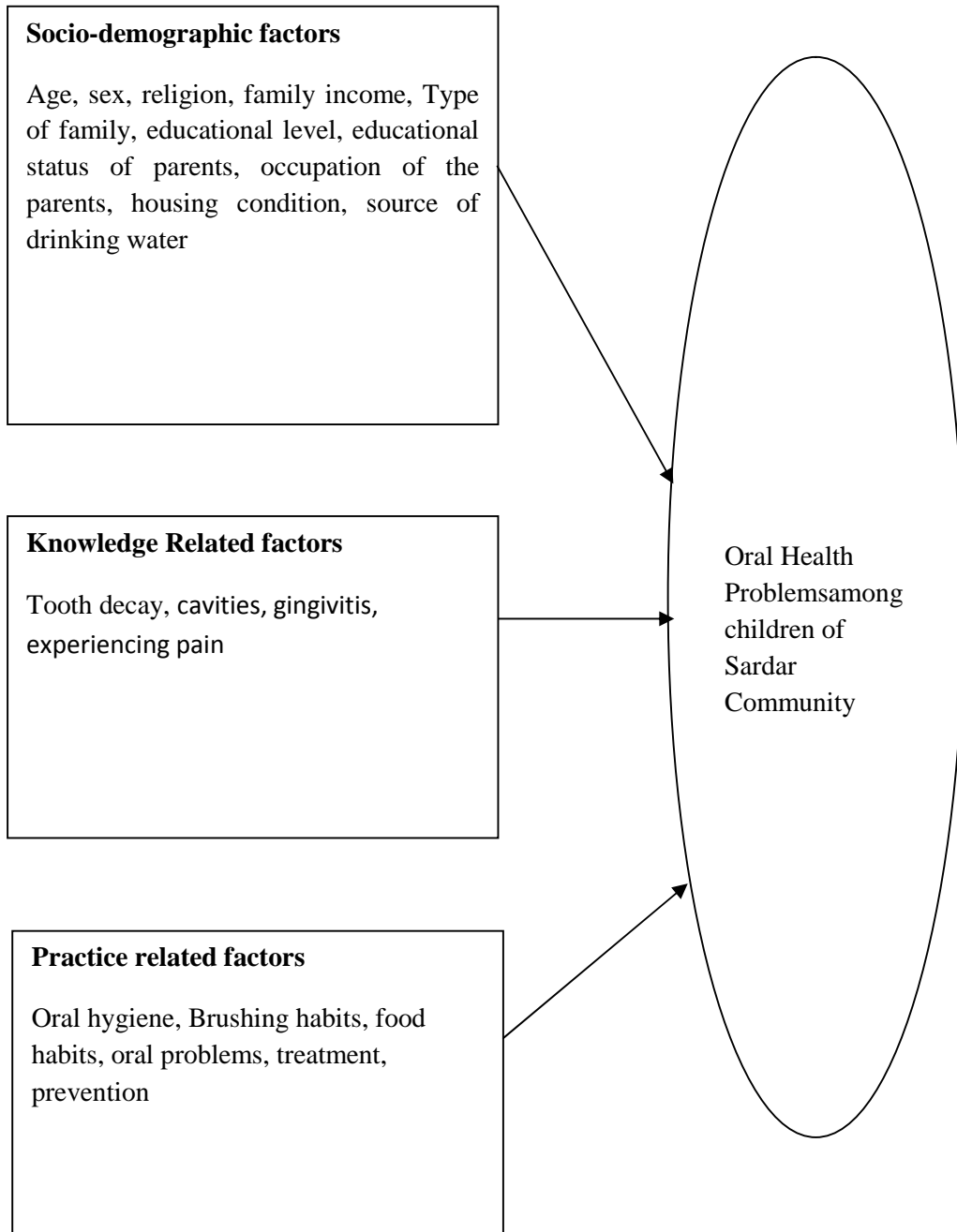
- I. It helped to assess the status of the oral health practice of the children of Sardar Community, Gaisar, Itahari Sub Metropolitan.
- II. The study provided the status of the oral health of the sardar children.
- III. It also helped to assess the oral health condition of the sardarcommunity in whole.
- IV. By studying this study, the pattern of questionnaire and data collection method, further study was possible.
- V. Present study has defined by the conclusions drawn from the result of the research and researchers' conclusion.
- VI. This study helped to find the other institutes and researchers to draw the conclusion about oral health problem among children of sardar community.

2.4 Conceptual Framework

This study was about the oral health problem among children of Sardar Community in the study area. This is why; I have developed a conceptual framework which illustrates the major factors which affect the oral health. This conceptual framework presents the major factors that of local community according to socio-economic, socio cultural situations

Independent variables

Dependent variable



CHAPTER III

RESEARCH METHODOLOGY

Every research deals with the research methodology which deals step by step study work, It was appropriate to mention that research projects not susceptible to be studied were determine the particular steps of my research to be taken in order too.

3.1 Research Design

The study was based on descriptive and cross sectional study design for getting qualitative and quantitative micro information on oral health problem. Descriptive study was a fact finding investigation with adequate interpretation. This study generated the focus on oral health problem. In order to fulfill the objectives, information was collected from the field survey.

3.2 Study Area

Sunsaridistrict is one of the multi communal, multi lingual and developing district of province one. An ethenic society i.e. Sardar Community was selected for study as they are supp. It is located in Itahari Sub Metropolitan. There are also few other communities like Tharu, Rai, Muslims.

3.3 Population and Sampling

The samples of the proposed study werewith 45 children of sardar community. Therefore the main source of data were primary. It was a simple random sampling of the community people of Sardar Community regardless of the other ethnicity or socio-economic status. It was because, it was a judgment sampling as the researcher can easily decide who and where to participate in the interview. Similarly, the researcher was acquainted with the study area. The sources of primary data depend on direct, indirect observation, interview of 45 selected sample of children of sardar people.

3.4 Data Collection Tools and Techniques

Quantitative primary data were collected during fieldwork. The source of primary data was the scheduled interview and face to face interview. Secondary data were collected including both published and unpublished literature i.e. article, journals of oral health, Oral health problem from Tribhuvan University, Department of Health Education, health institution, research reports, Journals, Masters and Ph. D. thesis related literatures, websites of various national and international government and non-governmental organizations etc.

3.5 Data Collection Procedure

Scheduled interview was the main tool of this study. It was used to collect the information on the residence place, where the sardarChildren live together. So the questionnaire was easily fulfilled through direct contact with the participants at Gaisar. The social, economic, cultural community environment, were observed and the direct questionnaire were provided or filled asking from questionnaires. The answers were ticked by the respondents or by researcher herself in presence of the observer.

3.6 Data Analysis and Interpretation

All the qualitative and quantitative data were collected and analyzed during fieldwork and the data was broadly categorized according to the research objectives and were presented in quantitative form. Thereafter, the data were analyzed and interpreted with the help of different statistical tools. will be used for data analysis. To justify the statement the researcher used quantitative methods; both primary and secondary data were tabulated and analyzed descriptively.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

4.1 Demographic Character of Respondents

This study was conducted among children of Sardar community of Itahari sub metro politan city in the Sunsari district of Nepal in March 2022 to assess the level of knowledge on Oral health. In total, 45 respondents were selected and interviewed through simple random sampling method. The term of reference defined interviewing of boy/girl Children of government school. The gender structure of the respondents: 48.89% boys and 51.11% girls. Interviewed boy/girl Children in majority of were 13 years old (32.4%) or 14 years old (33.2%). A total of 45 respondents were interviewed and gathered data presented by tables and graphs and analyzed according to the objective of the study.

Table 1. Distribution of respondents with respect to age

Itahari Sub Metro Politan		No of Respondent Children					
		Male	Percentage	Female	Percentage	Total	%
Childeren of Sardar Community at Gaisar	Age 6-8	7	15.56	8	17.78	15	33.33
	Age 9-11	8	17.78	8	17.78	16	35.56
	Age 12-14	7	15.56	7	15.56	14	31,11
Total		22	48.89	23	51.11	45	100

Among 45 respondents for research purpose, 23 were female and 22 were male, respectively. Among respondents 33.33% belongs to 6-8 age group, 35.56% respondents belong to 9-11 age group and 31.11% respondents belong to to12-14

age group. Among total respondents 45 children 48.89% were male and 51.11% were female children were selected.

4.2 Socio-demographic Characteristics

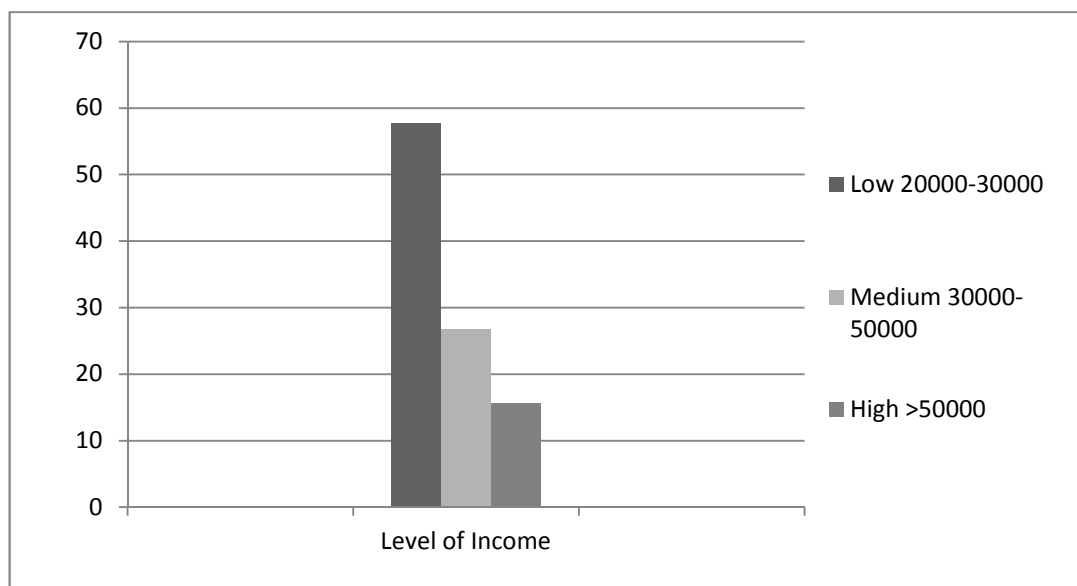
The data collected from respondent related to their Socio-demographic Characteristics were age, sex, family income, educational status of parents, and occupation of the parents, sanitation, and source of drinking water. All respondent were asked to write their demographic details with convenience without manipulating data as it was assured collected data will be kept confidential.

Comparatively this case study analyzed all the collected characters which are tabulated and described below.

4.2.1 Monthly Income of Respondent

Basically, Income is the backbone of quality life. It is true that people who have good income obviously they have quality of life and they gives few number of children for their prestige as well. The monthly income of respondents is show in figure.

Figure 1. Monthly Income of Respondent



The above figure shows that majority of respondent family (57.78%) has medium level monthly income that is Rs.30000 to Rs.50000 as well 26.67% of

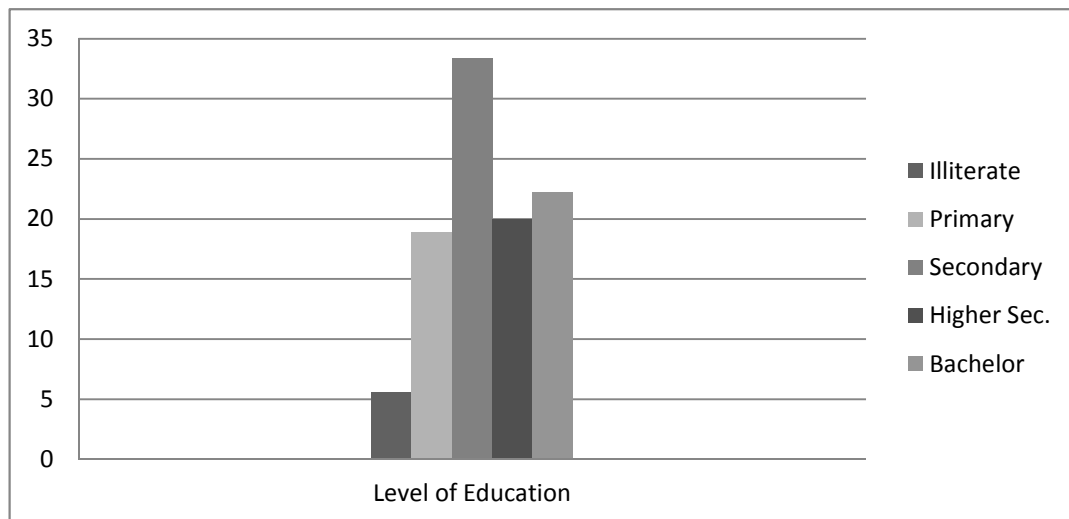
respondent have low income of Rs.20000 to Rs.30000 and 15.55% of respondents have high level of monthly income to maintain quality of life.

Above data shows majority of respondents family has medium level of income which is used for maintaining quality of life by fulfilling family needs and demands.

4.2.2 Literacy Level of Respondent's Famil

In fact, education plays vital role in the social educational development. Education has positive relationship with socio economic status. Without education, it would be hardly possible to modernize the civil society. Educational status of society reflects the level of awareness of people. The education situation of the respondent family is presented below.

Figure 2. Literacy Level of Respondent's Family



In the above figure, 5.56% respondent's parents were illiterate, 18.89% respondent's parents had primary level of education, 33.33% respondent's parents had secondary level education, 20% respondent's parents had higher secondary level of education and 22.22% respondent's parents had bachelor level of education.

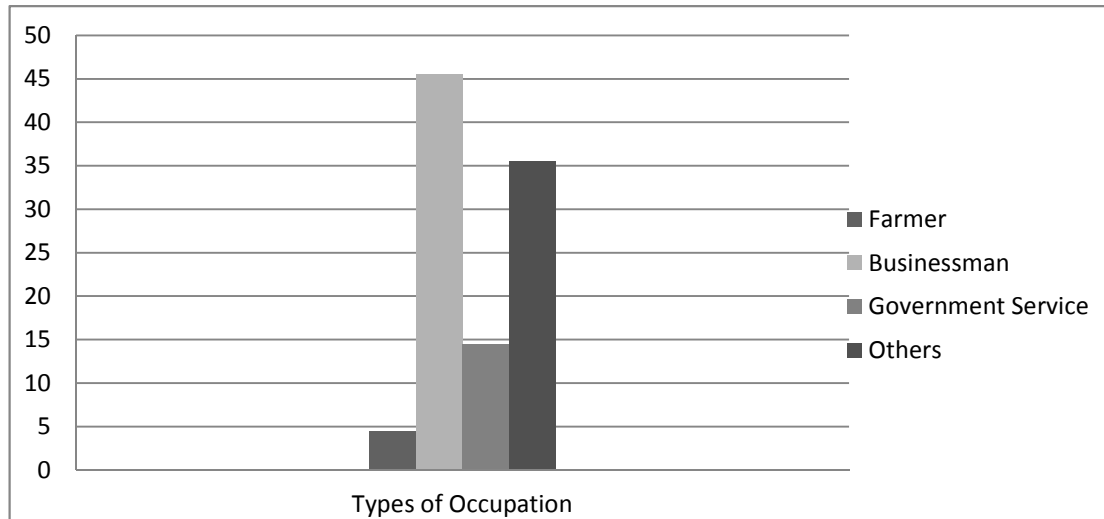
As literacy of respondents family are the basic requirements for good quality of life, higher the education higher the awareness which could result lower oral health problems.

4.2.3 Occupation of Respondent's Family

Occupation is an important factor to improve the quality of life and prolong. Without occupation it is very impossible to generate income for the family and their

survival need Only economically active persons can help family member to enjoy quality of life. .

Figure 3. Occupation of Respondent's Family



Above figure shows, 4.44% respondents of the total respondent's parents were farmer, 45.56% were businessman, 14.44% were doing government job and 35.56% respondents had parents with other occupation.

Good quality of life can be obtained with good level of occupation of the respondents family because it can be the supportive source of earning higher level of income to fulfill the family needs of respondent

4.2.4 Drinking Water Source

Pure drinking water is the basic need of Good health. Good source of drinking water can prevent people from suffering from various types of communicable diseases. The following figure shows the availability of water source in respondent family.

Table 2. Drinking Water Source

Sources of Drinking Water	No of People	Percentage
Tubewell	20	44.44
Municipality Supply	25	55.56
Total	45	100

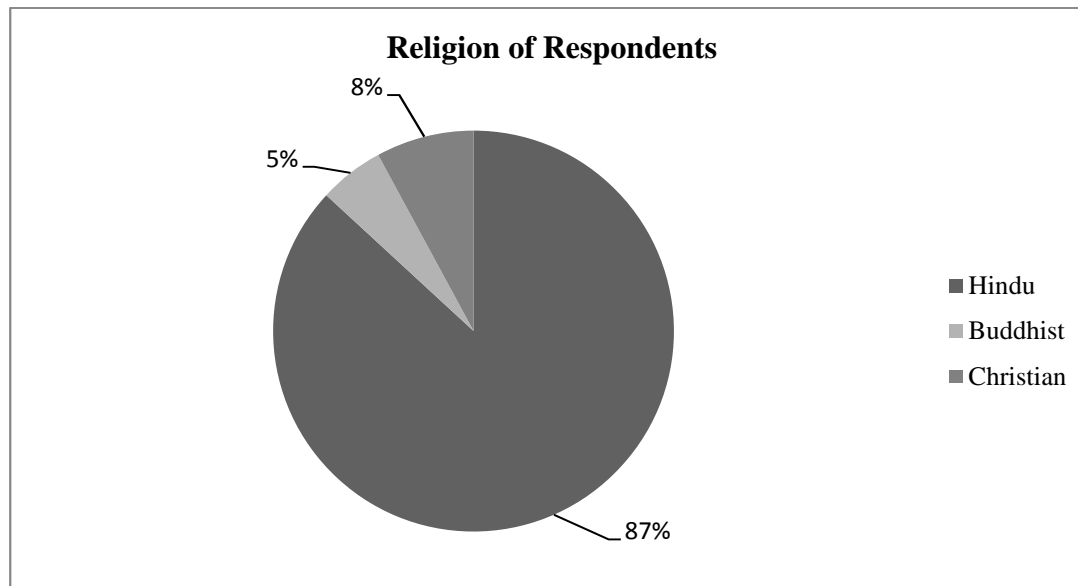
The above table shows that the 44.44% people were using tube well for drinking water, whereas 55.56% people were using municipality supply of water.

Pure drinking water is the need for maintain good quality of teeth, here 55.56% of respondents has access of municipality water to maintain good oral health.

4.2.5 Religion of Respondents

Religion teaches people to live life in ethical way for harmony in the society. Religion makes social bondage for living. It is also used as taboos in some societies which influence life style. There are many Religions in Nepal. Basically nepalis highly populated with follower of Hindu religion. Thus religion of respondents was shown below in figure.

Figure 4. Religion of Respondent



The above figure shows that the 86.85% people were Hindu, and 7.89% of people were Christian and Buddhist was 5.26%

Religion teaches ways of living, here 86.85% of respondents have found with Hindu religion, this religion teaches to maintain good health through yoga, meditation, etc.

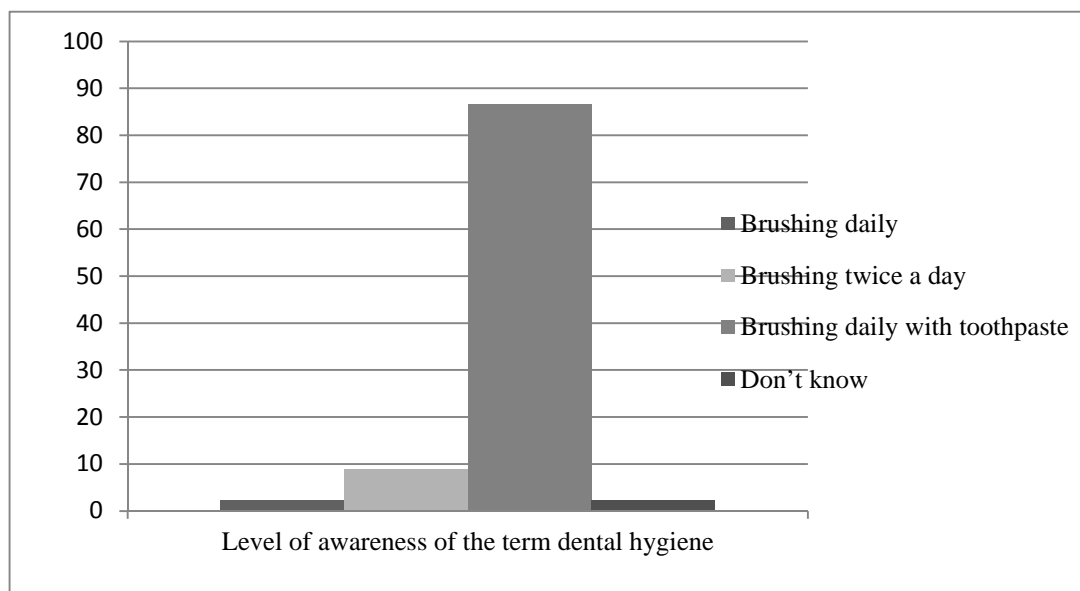
4.3 Knowledge Related Characteristics

The data collected from respondent related to their knowledge on Oral health Characteristics like awareness level, definition of Oral health, consequence of Oralhealth, etc. All respondent were asked to write their exiting level of knowledge on Oral health with convenience without manipulating data as it was assured collected data will be kept confidential. Comparatively this case study analyzed all the collected characters which are tabulated and described below.

4.3.1 Brushing for Oral hygiene of Respondent

Oral hygiene refers to the practice of keeping the mouth, teeth, and gums clean and healthy to prevent disease. Oral hygiene and oral health are often taken for granted but are essential parts of our everyday lives.Regular tooth cleaning by the dentist or Oral hygienist is important to remove plaque that may develop even with careful brushing and flossing.

Figure 5.Brushing for Oral hygiene of Respondent



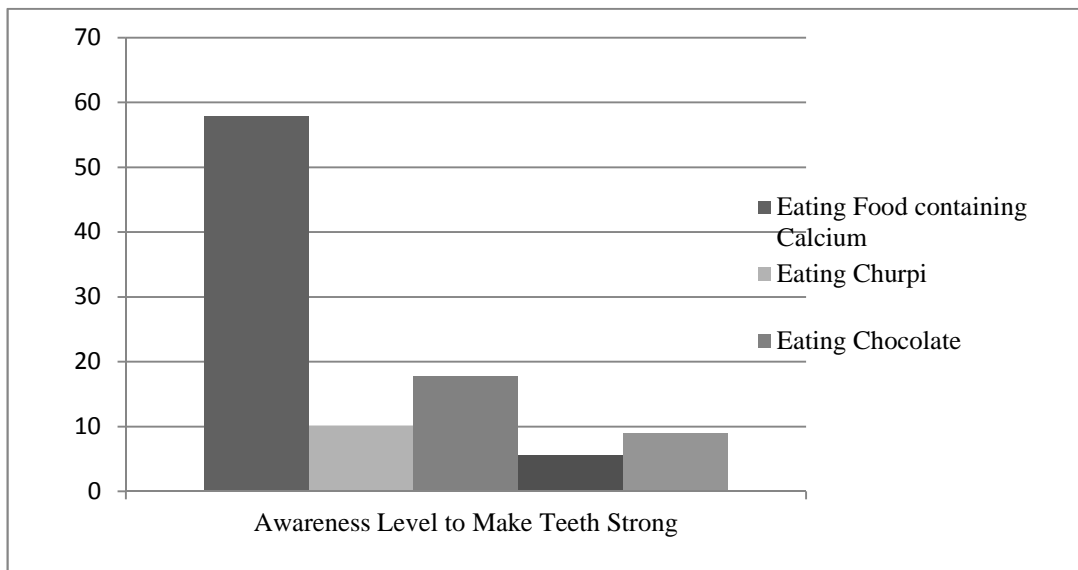
In the figure, 86.67% of them told brushing teeth with toothpaste is the Oral hygiene. 8.89% respondents of the total respondents said brushing twice a day is Oral hygiene. In the same way 2.22% had told brushing daily is Oral hygiene.

It is necessary to bath twice a day that is in the morning and in the night, as respondents were found with highest habit of brushing daily it could prevent them from oral problems.

4.3.2 Food Knowledge to make teeth strong

Eat Foods That Protect Enamel. Calcium in food counters acids in your mouth that cause decay. It also helps keep your bones and teeth strong. Milk, Plain yogurt., Cheese., Leafy greens like kale, collard greens, and spinach., Calcium-fortified foods; cereal, canned sardines, tofu, and orange juice., Protein-rich food like meat, poultry, fish, and eggs. The respondent has to eat some food to make teeth strong.

Figure 6.Food Knowledge to make teeth strong



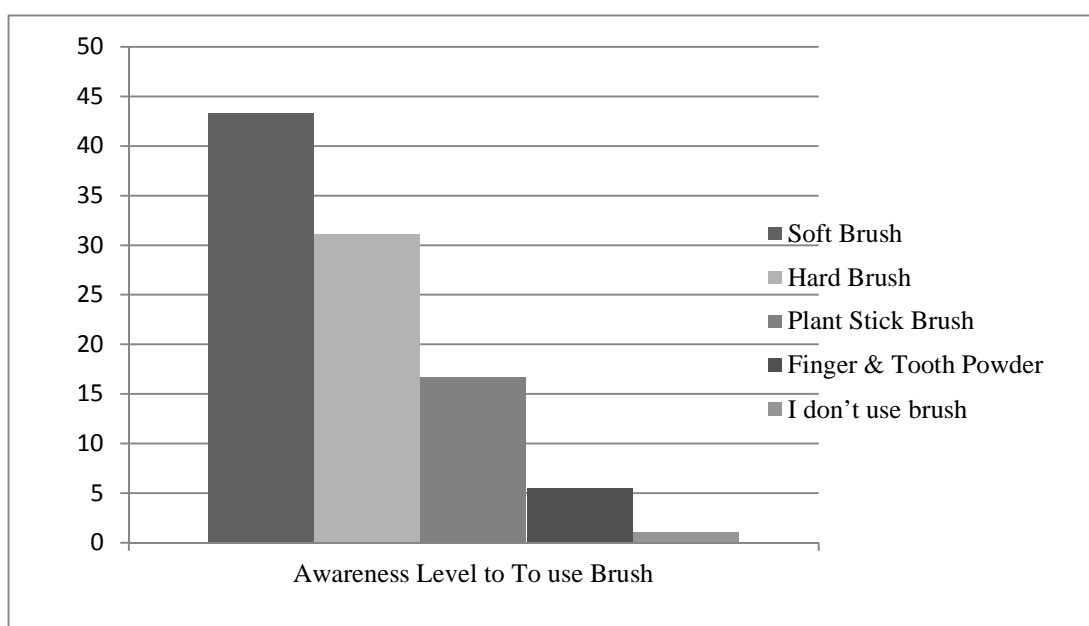
57.78% of them told ‘eating food containing calcium’ is the food to make teeth strong. 17.78% respondents of the total respondents said ‘eating chocolate’ is the food to eat for strong teeth in the same way 10% had told ‘eating churpi’ is to make strong teeth where as 8.89% told they don’t know.

Calcium is the basic need of good quality of teeth. Lack of calcium can increase the teeth decaying problems as respondents eat good and regular food containing calcium, it is good for their family atmosphere.

4.3.3: Toothbrush for brushing

Toothbrush is the basic need of cleaning teeth to maintain Oral health. For the vast majority of people, a soft-bristled toothbrush will be the most comfortable and safest choice. Depending on how vigorously you brush your teeth and the strength of your teeth, medium and hard bristled brushes could actually damage the gums, root surface, and protective tooth enamel.

Figure 7. Toothbrush for brushing



In the above figure, 43.33% of the total respondents said that they should use soft brush while 31.11% of the total respondents said hard brush should be used. Likewise 16.67% said plant stick can be used and 7.78% of the respondent told finger and tooth powder can be used while 1.11% don't use the brush.

Good and strong teeth are every essential for beauty of individual as well as chewing food without problem here respondent use soft brush to maintain good health of teeth for oral benefit.

4.3.4 Symptoms during tooth problems

There are a variety of problems associated with tooth disorders such as cavities and infections. Uncover the related symptoms, such as a toothache. Symptoms of Oral and oral problems ulcers, sores, or tender areas in the mouth that

won't heal after a week or two, bleeding or swollen gums after brushing or flossing., chronic bad breath, sudden sensitivity to hot and cold temperatures or beverage, pain or toothache, loose teeth, receding gums, pain with chewing or biting.

Table 3. Symptoms during tooth problems

Knowledge related variable	Numbers	Percentage	Remarks
Toothache and fever	19	42.22	
Gum Bleeding	10	22.22	
Toothache	9	20	
Don't Know	7	15.56	
Total	45	100%	

The above table shows that 42.22% of the total respondents said that symptoms of tooth problem is 'tooth ache and fever' while 22.22% of the total respondents said 'gum bleeding' is the symptom of tooth problem likewise 20% said tooth problem is on 'tooth ache' and 15.56% of the respondent agreed 'don't know' about tooth problem.

Majority of 42.22% of respondents told they have suffered from toothache and had fever, it means there was not good practice of eating habits, in general toothache is the result of bacterial effect on teeth.

4.4 Practice Related Characteristics

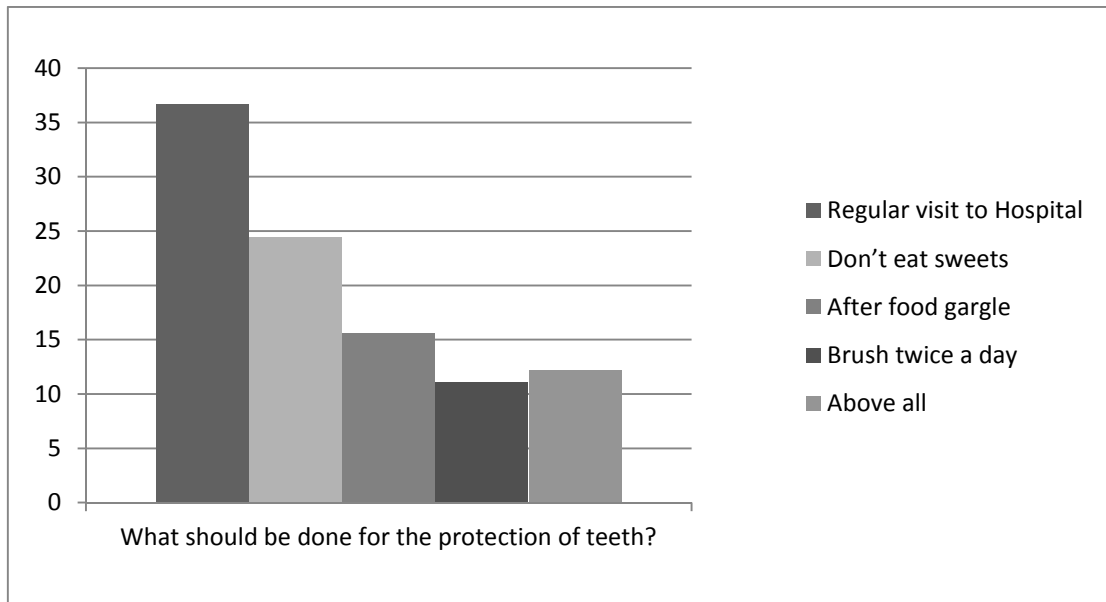
The data collected from respondent related to their practice on Oral health Characteristics like measures aimed at Oral health, discussion behavior, and importance of Oral health. All respondent were asked to write their practices on Oral health with convenience without manipulating data as it was assured collected data will be kept confidential. For this purpose two type of questionnaire were made; Answer based structured questionnaires and Yes/No questionnaire, which are tabulated below.

4.4.1 Knowledge of Teeth Protection on Respondents

To protect teeth is most important. Teeth are very important part of face to protect. Protection of teeth plays very important role on Children schooling life. The

following are some best practices that can keep teeth and gums healthy. Like; Brush regularly but not aggressively, Use fluoride, Floss once a day, See a dentist regularly, Do not smoke, Consider a mouthwash, Limit sugary foods and starches, Drink water instead of sugary drinks.

Figure 8. Knowledge of Teeth Protection on Respondents



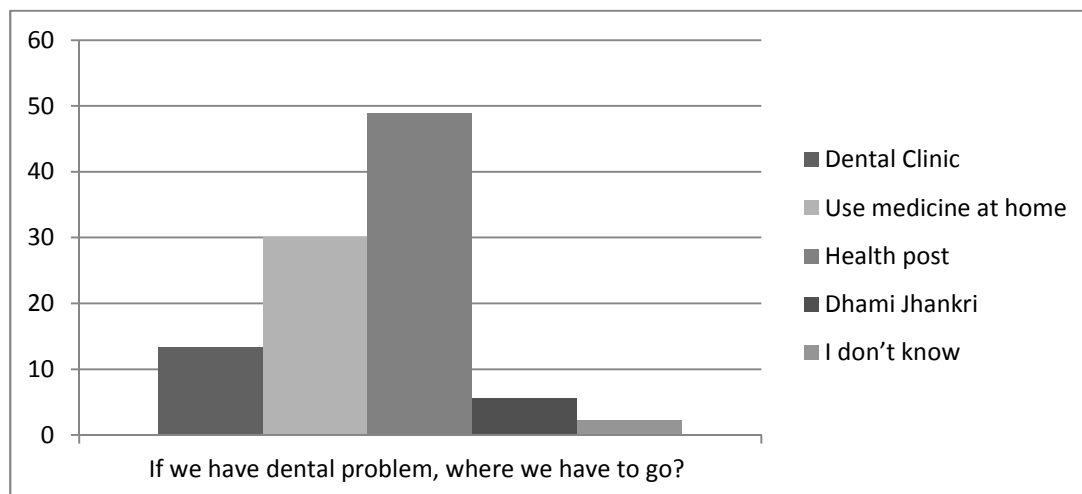
Above figure shows that 36.67% of respondents told ‘regular visit to hospital to be done for teeth protection while 24.44% of respondents said ‘sweet should not be eaten to protect teeth while 11.11% respondent told to brush twice a day, 15.56% of the respondents told to gargle after food whereas 12.22% respondent told to protect teeth we have to do above all.

As the majority of respondents has told they have visited hospital regularly, it shows that during oral problem or as a need of follow up condition they have visited health center regularly which is good habit.

4.4.2 Handling Oral Problems

It is possible to have Oral problems. Good oral hygiene and regular visits to the dentist will help you maintain healthy teeth and gums. Here are some tips to help you look after your teeth. Brush your teeth twice a day with fluoride toothpaste. Floss regularly, Visit your dentist routinely for a checkup and cleaning. Tell the dentist about any medical conditions you have and medications you take. Eat a well-balanced diet. Quit smoking. Smoking increases your risk for gum disease.

Figure 9. Handling Oral Problems



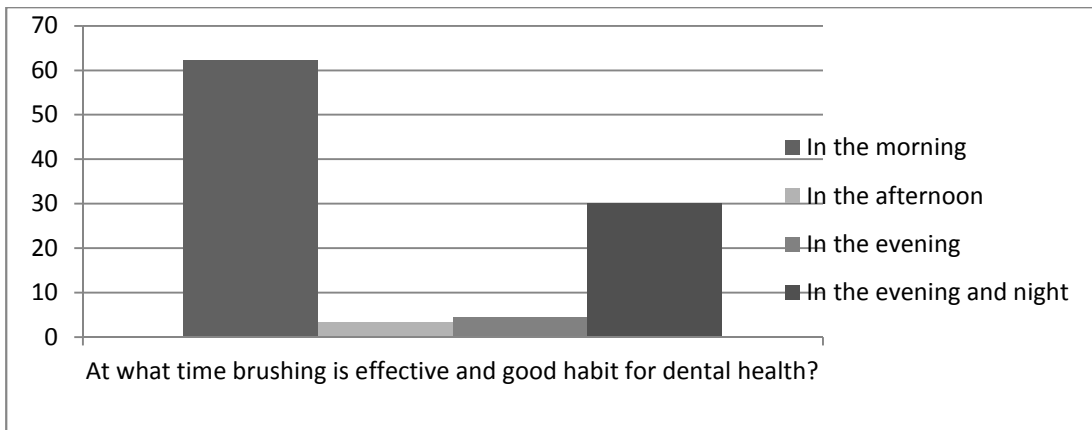
Above figure shows that 48.89% of respondents told we visit health post for Oral problem while 30% of respondents said use medicine and 13.33% of respondents told 'to visit Oral clinic for Oral problem, and 5.56% of respondent told for Oral problem visit dhamijhankri.

As oral health problems relates with dentist, respondents have found visiting dental clinics and nearer health clinics for the treatment.

4.4.3: Effective Brushing for Good Oral health

Still, many of us continue to neglect brushing our teeth at night. Daily brushing and cleaning between your teeth is important because it removes plaque. If the plaque isn't removed, it builds up and can cause tooth decay and gum disease. You should brush your teeth at least twice a day and toothbrushes should be replaced every 3-4 months, or when the bristles get worn.

Figure 10. Effective Brushing for Good Oral health



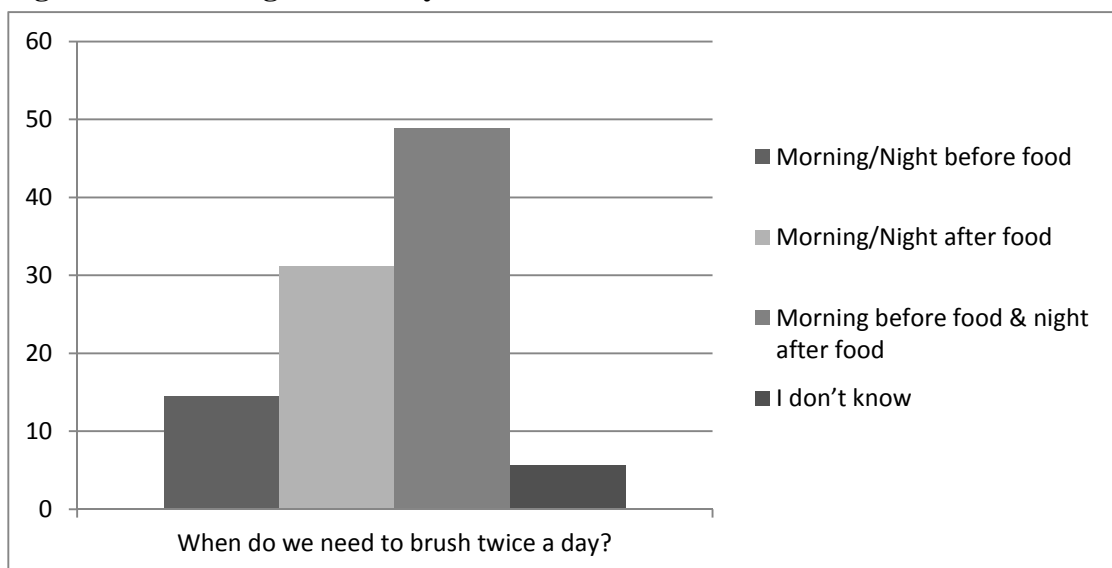
Above figure shows that 62.22% of respondents told brushing to be done ‘in the morning’ while 30% respondents told ‘in the evening and night’ and 3.33% told in the afternoon.

For the effective brushing regular brushing with soft brush as well good quality of brush is must. Here 62.22% respondents have habit of brushing in the morning only.

4.4.4 Brushing twice a day

Brushing is most important. Two time brushing is important to protect teeth from gum diseases. Brushing time is also very important to protect teeth. Respondents of research area have this habit of caring teeth.

Figure 11. Brushing twice a day



Above figure shows that 48.89% of respondents told ‘morning before food and night after food’ brushing to be done, while 5.56% respondents told they don’t know where as 31.11% of respondents told brushing time is ‘morning and night after food’ and 14.44% respondents told it is ‘morning and night before food.’

Brushing twice a day helps to be free from germs and bacteria, in the night after food cleans the teeth and slows the germ growth as well morning brushing kills germs produced in the night.

4.4.5 Need of Caring Teeth

Taking care of teeth helps prevent plaque, which is a clear film of bacteria that sticks to our teeth. After eating, bacteria go crazy over the sugar on our teeth, like ants at a picnic. Our teeth have such an important role to play in our lives. Because of this, it only makes sense to give our Oral health the best care possible. Fresh breath is must. Taking proper care of the teeth and gums helps us to keep the bacteria that cause bad breath at a minimum. It is possible to have fresh.

Table 4. Need of Caring Teeth

Practice related variable	Numbers	Percentage	Remarks
Yes	34	75.56	
No	9	20	
Sometime	2	4.44	
Total	45	100%	

On the above table, Out of 45 Children, 75.56% Children had awareness on Oral care, and 20% had not idea that they need to care teeth where as 4.44% of respondent cares teeth sometime.

Need of caring teeth is very essential at childhood. Majority of respondents are found aware about caring of teeth which is good for the oral health.

4.4.6 Hospital visit for Oral problem

Hospital is the place where health gets wellness through required treatment by the medical personnel. In general, people do not have regular checkup habit for good

Oral health. But it is important to keep up regular dentist appointment so that our teeth can have a thorough cleaning if they need it. It's critical to go to a dentist to make sure you're doing what you should to take care of your specific needs.

Table 5.Hospital visit for Oral problem

Practice related variable	Numbers	Percentage	Remarks
Yes	28	62.22	
No	10	22.22	
Sometime	7	15.56	
Total	45	100%	

In the above table shows that Out of 45 respondents, 62.22% respondents had visited hospital for Oral problem and 22.22% had not visited hospital where as 15.56% of respondent visited hospital sometimes when they had Oral problem.

It is good habit to visit hospital for all other health issues including oral problem. For the children of 6-14 has to maintain good oral health.

4.4.7 Gargle regularly after taking food

Rinse mouth after eating. After eating or drinking, one should always rinse with water immediately. If you don't have anything else on hand, just swishing water around in your mouth a few times is much better than nothing. Just remember to use plain water, not water with lemon in it. After eating, reach for your mouthwash, not your toothbrush.

Table 6.Gargle regularly after taking food

Practice related variable	Numbers	Percentage	Remarks
Yes	8	17.78	
No	34	75.56	
Sometime	3	6.67	
Total	45	100%	

In the above table, Out of 45Children, 75.56% Children did not have habit of gargling after food whereas only 6.67% of respondents and 17.78% had habit of gargling after food.

Regular gargle helps from harmful acids often present in food can leave your teeth vulnerable and extra sensitive. Some forms of toothpaste may be too abrasive for your teeth at this time, and could actually harm your enamel. Regularly gargling with salt water can assist in removing bacteria from ... rinse the mouth with a warm saltwater solution after having aOral.

4.4.8 Habit of Eating Sweet

Eating too much sugar contributes to obesity, heart disease, and an increased risk for death. Sugar is sometimes hard to spot, because it is often hidden in. Make it a habit once, do not eat sweets for a day then make this a new habit of not eating sweets. Remember, sweets are not bad for you like food. Many people regularly experience sugar cravings. Health professionals believe that this is one of the main reasons it can be so hard to stick to a healthy diet. Cravings are driven by your brain's need for a “reward” not your body’s need for food.

Table 7.Habit of Eating Sweet

Practice related variable	Numbers	Percentage	Remarks
Yes	12	26.67	
No	14	31.11	
Sometime	19	42.22	
Total	45	100%	

In the above table shows that Out of 45Children, 42.22% Children had habit of eating sweet sometimes whereas only 26.67% of respondents had habit of eating sweet and 31.11% of respondents did not had habit of eating sweet.

It is very bad to have a habit of eating sweet. Because of sweet eating habit globally most of the children suffer from oral problem. As here also 26.67% of respondent has habit of eating sweet.

4.4.9 Telling Oral Problems to parents

Oral problem is common to all. It is said that everyone gets Oral problems in life. An example is the belief that one must always have Oral problems during childhood. It is good to tell a mother to keep her child's teeth clean, but it is better to

show her. Encouraging parents and caregivers to prioritize oral hygiene is an important way for you to help prevent oral disease in children.

Table 8. Telling Oral Problems to parents

Practice related variable	Numbers	Percentage	Remarks
Yes	23	51.11	
No	9	20.00	
Sometime	13	28.89	
Total	45	100%	

In the above table shows that, Out of 45 Children, 51.11% Children had habit of telling Oral problem to the parents whereas only 20% of respondents did not have habit of telling to the parents and 28.89% of respondents had habit of telling to the parents sometimes.

It is important to express problems to the parents because parents are the nearest listener and caretaker of all the problems and need.

4.4.10 Oral Visit History

Many people have Oral problem. To care Oral problem, many care their teeth in home with elders' suggestions and guidelines where as some people visits dentist. Thus, it was a questionnaire for respondent to find the history of Oral visit among respondents.

Table 9. Oral Visit History

Practice related variable	Numbers	Percentage	Remarks
Yes	24	53.33	
No	21	46.67	
Total	45	100%	

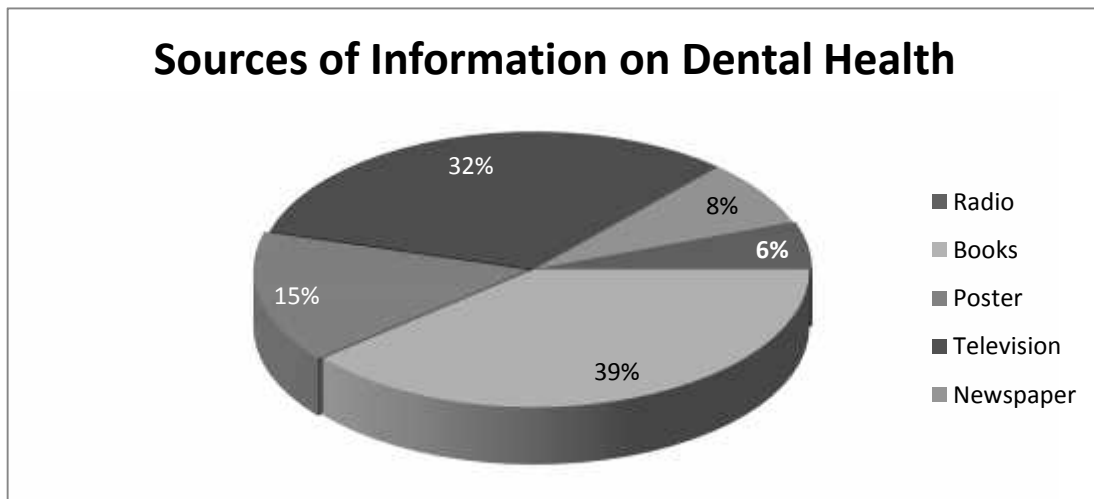
The above table shows, Out of 45 Children, 53.33% Children had suffered from Oral whereas 46.67% of respondents did not have suffered from Oral problem.

As per previous history, oral problem is seen in 53.33% of children which indicates habit of sweet eating and its problems.

4.4.11 Source of information about Oral health

Information is the source of awareness. For awareness sources of information are valued. We get information from different sources about many things including Oral health. The means of information are radio, television, internet, books, articles, reports etc. the sources of information about Oral health is describes below on figure.

Figure 12. Source of information about Oral health



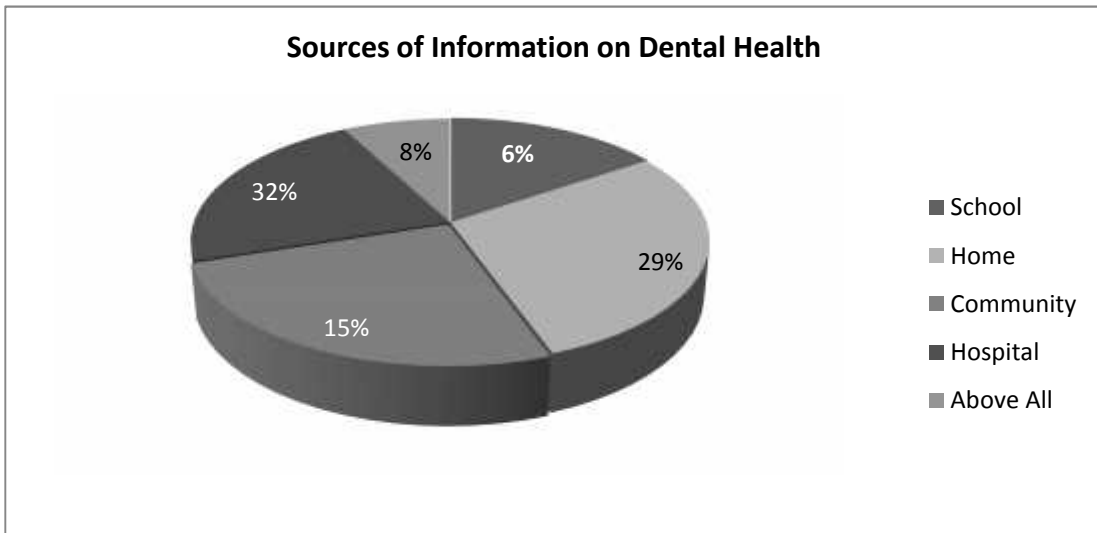
Above table shows, 38.89% of respondents of the total respondents got information about Oral health from books, 32.22% of the total respondents got information from television whereas only 5.56% of respondents got information from radio while 15.56% of respondents told they were informed through ‘posters’.

To form a habit of regular brushing teeth, media plays vital role on it. Here also as per respondent books , television are the good source of information.

4.4.12 Education regarding Oral health

It is told that education is the power. With education we can change the self and the whole world. In general, school is the source of education on Oral health too.

Figure 13. Education regarding Oral health



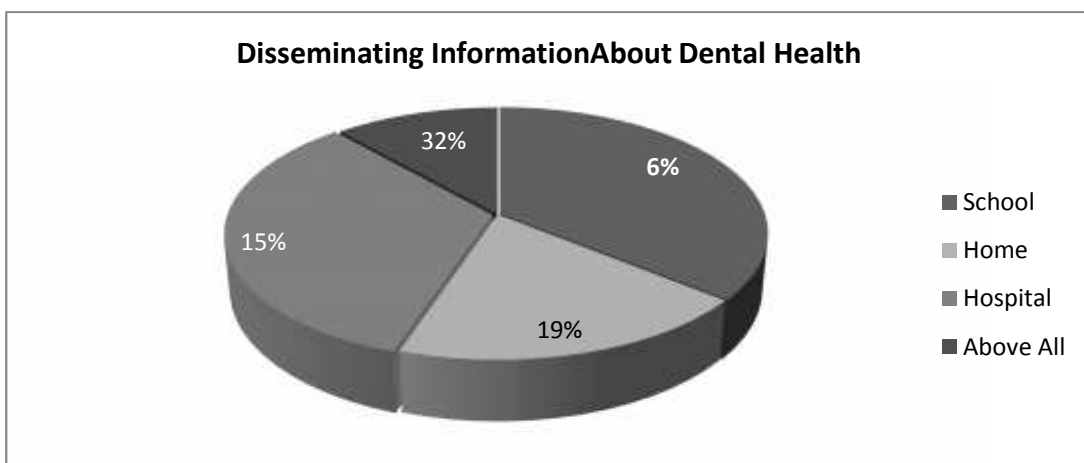
Above table shows, 32% of respondents of the total respondents got information about Oral health from school, 15% of the total respondents got information from home whereas only 29% of respondents got information from hospital while 8% of respondents told they were informed through ‘above all’.

In general children get education from school, 32% of respondents got education about oral health and from home also children have got oral health education.

4.4.13 Disseminating information about Oral health

Various methods of delivering Oral health messages can promote Oral health by providing information that will improve awareness leading to adoption of healthier lifestyles, positive practices and good oral health behaviors. Information about Most effective source on Oral health on respondents are presented below.

Figure 14. Disseminating information about Oral health



Above table shows, 31.11% of the total respondent told 'school' is the most effective for disseminating information about Oral health while 28.89% of respondents told 'hospital' is the most effective for disseminating information about Oral health.

Every sources are essential for getting information about oral health, as school is the place where students have to spent 6 hours per day and regular chechup of oral hygiene and sanitation, respondents were taking effectively from school.

4.5 Summary

The Survey was conducted in one government basic level school on the sample of 45Children of grade six, seven and eight of Morang district. The gender structure: 50% of boys and 50% girls. In school Children were familiar about Oral health which shows satisfactory level of knowledge on Oral health among the basic level Children. 88.89% Children were familiar with Oral health. 3% were never heard about Oral health. Books and television were the main source of information, which contribute to the increase of boy/girl Children's awareness of Oral health. This topic was covered in school curriculum within regular teaching activities. Children were partially aware of the term "Oral health and Oral caries". They heard of this term, but they did not know what it was. People's health was recognized as with highest impact on Oral health. According to respondents, eating food containing calcium can make teeth strong. As main consequences of Oral health, they mentioned toothache, decaying of teeth. Children knew that Oral health negatively impacts on 'people's health'. The negative influence on the economy has not been recognized. Boy/girl Children had positive practice towards Oral health, which they assessed as very important. Children were able to recognize activities and behaviors which had positive or negative effect on the Oral health. According to them, brushing daily with toothpaste can be good definition of Oral hygiene. Boy/girl Children applied some of measures aimed at Oral health in their home/school. High level of readiness among respondents to point to people around them (friends/family) how they can contribute to protect the teeth, interviewed boy/girl Children said that they have interest on Oral health topic on friendly manner in everyday life. However, Boy/girl Children recognized Oral health as a very serious problem. Majority of interviewed Children

showed a significant level of interest in participating in Oral health training or workshop as a majority of respondents were not taken part in such trainings for more information on causes and effects of Oral health problems. The most suitable way of acquiring new knowledge and information is through Subject in school and hospital.

4.6 Findings

After analysis and interpretation of the data from the research the following major findings have been recorded and practiced below:-

- i. The respondent belong to economically middleclass community with 30000 to 50000 salary.
- ii. The respondent population were 45, among them 22 male and 23 female Children were selected.
- iii. Literacy rate was satisfactory among parents of respondents. Very less 5.55% respondent had illiterate parents.
- iv. Majority of respondent family belong to business by occupation.
- v. Respondent's family was found using municipal supply of water.
- vi. Fifty five percentage of respondent found with hindu faith.
- vii. If brushing is done daily before food in the morning and at night after food, most of the Oral problems can be found solved.
- viii. Forty three percent above of respondents have known about soft brush should be used.
- ix. Forty three percentages of respondents said that symptom of tooth problem is tooth ache and fever.
- x. As 51.33% of respondents were found suffered from tooth problems they had knowledge of symptoms of tooth problems.
- xi. As the health post belong to government of Nepal, majority of respondent visit health post for Oral problem to treat.
- xii. It is found in research that majority 62.22% of respondents brush in the morning.
- xiii. To the question asked to the respondent 'when do we need to brush' most of the respondent has knowledge to brush in the morning and night.
- xiv. Twenty eight percentage respondents were found visited hospital for Oral health problems.

- xv. It is found that, majority of respondent did not gargle after food.
- xvi. Twenty seven percent above of respondent had habit of eating sweet, only 30% respondent did not eat sweets.
- xvii. Books and television are found providing Oral health knowledge to the respondents.
- xviii. Thirty two percentage of respondent got Oral health from school, home, etc.

CHAPTER - FIVE

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

The objectives of this study were to assess the level of knowledge on Oral health and find the association between socio-demographic characteristics and level of knowledge and practice among the Children of Sardar Community. It is clearly found from the study that 74% Children had good level of knowledge to care teeth, 26% Children had poor knowledge about caring teeth which is to be reduced. As well as 62.22% of Children found suffered from Oral problems this is to be reduced.

There are many Oral health problems which is being faced by Children and family which is very serious problem for obtaining sound health. Very few health facilities are available within this area. Beneath them there are arranged government ministries, key departments and agencies, local bodies and other organizations that to varying degrees have an interest or dedicated sections to overall health including Oral health issues.

Children should have awareness on Oral health issues, its causes and effects, its consequences, impacts on good physical health, education, etc. As this problem is common for majority of children, Oral health services and facilities should be available everywhere, because of this reason, awareness level of Children is the needed requirements. Thus this study was conducted to assess the existing level of knowledge on Oral health on basic level Children of Morang district as Oral problems can be found majorly in school children.

5.2 Recommendations

Since the Oral health is long serious problem its knowledge should be given to every stakeholder as well as to the Children who are the pillar of future Nepal. Among the different steps, awareness is the most in all. So researcher recommends different activities or intervention at different level to reduce the development of risk factors specially enabling risk factors.

5.2.1 Recommendations at policy level

The Oral health problem can be reduced by making and practicing policy actively at different level.

-) There should be Oral health education included in school level curriculum.
-) The policy maker should run different program showing Oral problems and its current issues at health post, sub health post etc.
-) As most of the populations are getting knowledge from school and media so these means should update and improve knowledge and skill regularly.

5.2.2 Recommendation at Practice level

Community is the place where one can practice their knowledge of different subject matter. Thus;

-) As the Oral health is a major problem for developing countries including Nepal the awareness program should be increased as much as possible in the communities like sardar community.
-) There should be adequate extra books, posters, videos subject matter related to Oral health in community hall..

5.2.3 Recommendation for FurtherResearch

Regular research can play important role to minimize Oral health problem awaking Children about its cause, effect, negative or positive impacts in living, etc.

Thus;

-) There should be research on the problem and solution of Oral health.
-) Researcher should choose this health topic and communitiesto enhance awareness level of Children on Oral health.

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Annex: 1

**TRIBHUVAN UNIVERSITY
FACULTY OF EDUCATION
JANATA MULTIPLE CAMPUS
HEALTH EDUCATION DEPARTMENT
ITAHARI, SUNSARI, 2078**

Questionnaires

SECTION 1: SOCIO DEMOGRAPHICS (General Information)

Name:..... Address :

Age: Year

Sex: Male Female

Village/Tole Name: Date of Survey:

Q. 1. How much is your monthly family income?

Rs.....

Q. 2. What is the highest level of education of your parents?

- (1) Illiterate (2) Primary (3) Secondary
(4) Certificate (5) Bachelor

Q. 3. What is the occupation of your parents?

- (1) Farmer (2) Business (3) Private & NGO
 (4) Govt. job (5) other.....

Q. 4. What type of drinking water you are using?

- (1) Tube well (2) Municipality Supply (3) Other.....

Q.5. Tick your Religion: -

- Hindu Christian Buddhist Muslim
 Janajati/Adabasi others

Q.6. Tick Your Ethnicity: -

- Brahmin/Chhetri Janajati Madeshi
 Dalit others

Q.7. How many members are there in your family?

Q.8. Tick the Types of your family.... a.Nuclear b. Joint

Q.9. Tick your Marital Status: -

- Single Married Divorced Widow

SECTION 2: KNOWLEDGE ON DENTAL HEALTH PROBLEM

Q. 10. Do you know about dental hygiene?

- (1) Never Heard about it (2) Familiar (3) Not familiar

Q. 11. How would you define dental hygiene?

- Brushing daily Brushing twice a day Brushing thrice a day
 Brushing daily with toothpaste Don't know

Q. 12. Do you know what we have to eat to make teeth strong?

- Eating Food containing Calcium Eating Churpi Eating Chocolate
 Eating Chewing Gum Don't know

Q. 13. What type of brush do you use for brushing?

- Soft brush Hardbrush Plant stick brush
 Finger and tooth powder I don't use brush

Q. 14. What types of symptom are seen during tooth problem?

- Tooth ache and fever Gum bleeding Tooth ache
 I don't know

Q. 15. : Do you have dental decaying problem?

1) Yes (2) No

Q. 16. What should be done for the protection of teeth?

Regular Visit to the hospital Don't eat sweet After food gargle
Brush twice a day Above all

Q. 17. if we have dental problem, where we have to go?

Dental Clinic Use medicine at home Health post
DhamiJhankri I don't know

SECTION 3: PRACTICE RELATED INFORMATION

Q. 18. At what time brushing is effective and good habit for dental health?

In the morning In the afternoon In the evening
In the morning and night

Q. 19. When do we need to brush twice a day?

Morning/Night before food Morning/Night after food
Morning before food and Night after food I don't know

Q. 20. Do we need to care our teeth?

Yes No Sometime

Q. 21. Have you visited hospital when you have dental problem?

Yes No Sometime

Q. 22. Do you gargle regularly after taking food?

Yes No Sometime

Q. 23. Do you have habit to eat sweet?

Yes No Sometime

Q. 24. Do you tell your parent about your dental problem?

Yes No Sometime

Q. 25. Have you got any dental problem till now?

Yes No

Q. 26. Have you taken part in any dental health related training/workshop?

Yes No

Q. 27. Where do you get information about dental health problem?

(1) Radio (2) Television (3) Newspapers

(4) Books (5) Posters

Q. 28. Where usually education regarding dental health is provided?

(1) School (2) Home (3) Community (4) Hospital (5) Above All

Q. 29. Which source is most effective for disseminating information about dental health problem?

(1) School (2) Home (3) Community (4) Hospital (5) Above All