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The Impact of Oral Health Knowledge, Attitude and Practices of Kindergarten Teachers towards Oral Condition in Al-Rusafa Sector/ Baghdad-Iraq

A Thesis

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Abstract

Background: Schools provide an effective forum to enhance general as well as oral health awareness among children and the teachers may serve as pioneer role models to motivate children towards healthy lifestyle.

Aim of the study: This study was conducted to assess oral health knowledge, attitude and practices among kindergarten teachers and its impact on the oral health of teachers and kindergarten children in Al-Rusafa Sector, Baghdad, Iraq.

Materials and Methods: Two study samples were involved in this cross sectional survey, female kindergarten teachers and children. A self-administered questionnaire, that discuss teachers' oral health knowledge, attitude and practices, was distributed among 80 kindergarten teachers (First study sample) and this was followed by clinical oral examination for 400 children aged 4 and 5 years from both genders (second study sample) and their teachers. Dental caries severity were estimated according to the WHO (1987) criteria. Plaque and gingival indices were recorded following Silness and Loe (1964) and Loe and Silness (1963) criteria respectively. A convenient sample was selected in order to be included in the study and statistical analyses were done using IBMSPSS version 23 with Microsoft Excel.

Results: Concerning the first part of the questionnaire, most of teachers knew the importance of good nutrition for oral health, the kinds of food that cause dental caries, the importance of fluoride and the bad outcomes of dental plaque. The least proportion were aware about the necessity dental fillings for primary teeth, and that kindergarten children do need adult's help during brushing.

Dealing with the second part of the questionnaire, results revealed that majority of teachers were aware about the ways to prevent oral diseases and the possible causes of gingival bleeding and dental caries. The least proportion were aware that regular correct brushing protect the gingiva, and that tooth decay is an infectious disease.

Moving to third part, majority of teachers use toothbrush and toothpaste for cleaning their teeth, brush twice or more daily and eat sugary snacks never or once daily. About a quarter of teachers' sample choose "after each meal" as the best time for brushing, and only minority went for a regular checkup.

Considering children's decayed- missed- filled Surfaces (dmfs) mean values, no statistical significant difference was recorded in relation to the categories of teachers' questionnaire scores. Meanwhile, teachers' DMFS mean values were statistically not significant except for the categories of teachers' knowledge regarding personal oral health and favorite attitude and practices.

In addition, children's mean values of plaque and gingival indices were approximate regarding the categories of teacher's knowledge about children's and personal oral health, but when relating to teacher's attitude and practices, a positive relationship was recorded with no significant difference ($p > 0.05$).

A positive relationship was also found between the category of knowledge about children's oral health and teachers' plaque and gingival indices, however, no statistical significant difference was obtained ($p > 0.05$). A negative relationship was recorded between teachers' plaque mean value and knowledge about personal oral health with no statistical significance difference ($p > 0.05$). Similarly, the same relationship was found in mean values of gingival index but with a statistical significant difference ($p \leq 0.05$).

Conclusions: Kindergarten teachers demonstrated incomplete oral health knowledge regarding children and personal oral health, with the majority of teachers with least favorite oral health attitude and practices. Thus, there is a definite and immediate need for organized training of teachers on basic oral health knowledge and practices. However, teachers' oral health knowledge regarding children and teachers' oral health does not affect oral health status for both children and teachers' personal oral health, in the same time, better oral health status for both children and teachers were recorded in teachers with the most favorite attitude and practices.

"بعد كل وجبة" كأفضل وقت لتنظيف الاسنان بالفرشاة، و فقط الاقلية منهم قد ذهب لفحص الأسنان بشكل منتظم. إضافة إلى ذلك، فإن غالبية المعلمات

اما بالنسبة الى متوسط قيم تسوس اسنان الأطفال (dmfs)، لم يتم تسجيل فرق ذو دلالة احصائية دال فيما يتعلق بفئات درجات استبانة المعلمات. في الوقت نفسه، لم تكن القيم المتوسطة لتسوس أسنان المعلمات (DMFS) ذات دلالة إحصائية ماعدا بما يخص فئتي معارف المعلمات وكذلك أساليبهم وسلوكياتهم تجاه صحتهم الفموية.

إضافة إلى ذلك، فقد كان متوسط قيم مؤشرات الصفيحات الجرثومية والمؤشرات اللثوية للأطفال متقاربا فيما يتعلق بفئات معارف المعلمات لصحة الأطفال، اما بخصوص أساليب المعلمات وممارساتهم، فقد تم تسجيل علاقة إيجابية مع عدم وجود فرق ذو دلالة احصائية ($p < 0.05$).

تم العثور على علاقة إيجابية ايضا بين فئة معارف المعلمات حول الصحة الفموية للأطفال ومؤشرات الصفيحات الجرثومية والمؤشرات اللثوية الخاصة بالمعلمات، ومع ذلك لم يتم تسجيل فروق ذات دلالة إحصائية ($p < 0.05$). كما سجلت علاقة سلبية بين متوسط قيمة الصفيحات الجرثومية للمعلمات ومعارفهم بما يخص صحتهم الفموية دون وجود فروق ذات دلالة إحصائية ($p < 0.05$). وبالمثل، فقد تم العثور على نفس العلاقة في متوسط قيم المؤشرات اللثوية ولكن مع فرق إحصائي كبير ($p \leq 0.05$).

الاستنتاجات:

أظهر معلمات رياض الأطفال معلومات غير مكتملة بما يخص الصحة الفموية للأطفال وصحة الفموية الشخصية، كما وان معظم المعلمات قد اظهرن أقل نسبة من الممارسات الصحية الفموية الصحية، واتباع أقل النهج غير المواتية للصحة الفموية للأطفال. وبالتالي، هناك حاجة واضحة وفورية للتدريب المنظم للمعلمات على المعارف الصحية الأساسية والسلوكيات فيما يخص صحة الفم. ومع ذلك، فإن معارف صحة الفم لدى المعلمات لا تؤثر على الحالة الصحية الفموية لكل من صحة فم الطفل وصحة الفم الشخصية للمعلمات، وفي الوقت نفسه، تم تسجيل حالة صحية فموية أفضل لكل من الأطفال والمعلمات الذين لديهم افضل الأساليب والسلوكيات الصحية الفموية.