

Assess the knowledge regarding preventive oral health among nursing students in NNI

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Abstract

Introduction: Oral health is standard of health of oral and related tissues which enables an individual's to eat, speak and socialize without active disease discomfort or embracement and which contributing to general wellbeing. The prevalence of oral diseases varies by geographical region and availability and accessibility of oral health are very strong. The prevalence of dental caries and periodontal diseases with improvements in oral hygienic and a decrease in the consumption of sugar.

Objectives: To assess the level of knowledge regarding preventive oral health among nursing students. To find out the association between the level of knowledge regarding preventive oral health among nursing students with their selected socio demographic variables.

Material and Method: The present study was conducted by using quantitative research approach and descriptive design was adopted. The Samples were selected by using non -probability convenience sampling technique.

Result and Discussion: In relation to level of knowledge 4(13.3%) nursing students had A, 11(36.7%) nursing students had B+, 11(36.7%) nursing students had B, 4(13.3%) nursing students had C.

Conclusion: The study concluded that 4(13.3%)nursing students are having more than 75%(A) knowledge, 11(36.7%) nursing students are having more than 65%(B+) knowledge,11(36.7%) nursing students are having more than 55%(B) knowledge, 4(13.3%) nursing students are having more than 50%(C) knowledge regarding preventive oral health.

Keywords: preventive oral health and nursing students

Introduction

Oral health is standard of health of oral and related tissues which enables an individual's to eat, speak and socialize without active disease discomfort or embracement and which contributing to general wellbeing. The prevalence of oral diseases varies by geographical region and availability and accessibility of oral health are very strong.

The prevalence of dental caries and periodontal diseases with improvements in oral hygienic and a decrease in the consumption of sugar. Regular oral hygiene, including brushing, flossing and rinsing prevents and controls plaque formation. Evidence relates poor oral health to risk of impaired nutrition, stroke poor blood sugar controls in diabetes. Inadequate oral care and some medications diminish salivary production which in brush reduces the ability of the oral environment to help fight effect of pathogens [Bortwell's journal on oral hygienic practices, page no.37, 2014].

Most oral diseases and conditions require professional dental care, however due to limits availability or in accessibility the use of oral health services is markedly low among older people, people living in rural areas and people with low income and education.

Oral infections and inflammations may be specific month diseases; or they may occur in the presence of systemic

disorders. Such as leukemia or vitamin deficiency. When oral inflammations and infections are present, they can severely impair the ingestion of food and fluids. The patient who is immune suppressed, diabetics are more susceptible to oral infections. Patient receiving corticosteroid inhalant treatment for asthma are risk for oral infections [Denis Bourgeois's journal].

Common oral cavity infections and inflammations are gingivitis, oral candidiasis, herpes simplex, aphthons. Abnormalities, parotitis stomatitis. An important element in reducing oral infections and inflammation is good oral and dental hygiene. Management of oral infections and inflammation is focused on identification of comfort measues and maintainanc eof nutritional intake. Acidic fruits in the patiens diet reduce plaque formation. A well balanced diet contributes to integrity of oral riskness.

Need for Study

Prevalence of periodontal disease increasing with age. The prevalence was in 12 years 57%, in 15 years 76.7% in 35-44 years 89.6%, in 65-74 years 79.9%. Globally about 30%. People aged 65-74 have no natural teeth. The incidence of oral problems ranges from one to 10 cases for 10,000 people in countries.

According to WHO’s report oral cancer is the eighteenth common cancer in world wide. 40% of oral cancer death worldwide due to tobacco use, un healthy diet, physical inactivity, infections, alcohol consumption in India. Tobaccos alone responsible for 1-5 lakh cancer 92% adults have dental caries. 26% of adults have dental caries. 26% of adults have treated decay.

In Nellore district 92% of the people felt that good oral health maintains general health. 65.5% of the people visiting regularly the dentist. 43.87% didn’t visit dentist regularly 29.34% people cleaning the teeth regularly. 85% of the people cleaning their tongue regularly 52% did not massage their gums after brushing.

Barriers of oral health are no dentist around, no time, transport problem fear of pain, feel in secure, uncomplimentary remarks about dental instrument, Noise from dental instrument, dental treatment is expensive.

Barriers to dental care are more prevalent among poor and those who are institutionalized in national injury care of low income children had a need for dental care and more than 30% reported not being a dentist in preceding years. However only 19% of eligible people received preventive dental services under medical, early and preventive screening diagnostic and treatment (EPSDT).

Paul Erik Peterson, in 2012 conducted a study regarding oral health improvement. Oral diseases are highly related to life style factors. Oral disease qualify as major public health problems oral health is improved than provisions years.

R.Wolfberry, J.M Thomson, in 2012 conducted a study increased prevalence of dental carries, and poor oral hygiene, in juvenile idiopathic arthritis and state that at all age groups had increased level of oral problems. The increased level of decay was significantly in the children aged 6-12years.

Mary Jog Rap, in 2013 conducted a study on kindly from virginir common wealth university school of nursing, oral care intervention in critical frequency and documentation and state the most respondents 75% reported oral care and 3times for incubated patients.

Problem Statement

A study to assess the knowledge regarding preventive oral health among nursing students in NNI.

Objectives

- To assess the level of knowledge regarding preventive oral health among nursing students.
- To find out the association between the level of knowledge regarding preventive oral health among nursing students with their selected socio demographic variables.

Assumption

The student of nursing colleges may have knowledge regarding preventive oral health.

Delimitations:

- Students who are studying in nursing in NNI
- Sample size of 30 only.
- Data collection period is two weeks only.

Methodology

Research approach: quantitative research approach

Research design: descriptive design

Setting of the study: The setting selected for the study was Narayana Nursing Institution; Nellore.

Population

Target population: The target population includes nursing students.

Accessible population

The accessible population includes the nursing students who are studying Narayana College of Nursing.

Sample

Sample for the present study includes nursing students in Narayana College of Nursing, who fulfills the inclusion criteria.

Sampling technique

Non probability Convenience sampling technique was adopted to select the samples.

Sample Size

The sample size for the present study was 30 nursing students who are studying nursing in Narayana College of Nursing.

Sampling criteria

Inclusion criteria

The nursing students those who are,

- Studying nursing in Narayana College of Nursing.
- Who are willing to participate in the study

Exclusion criteria

- Students who are not willing to participate in the study.
- Leave or sick

Variables

Demographic variables: Demographic variables includes Age, Course, Year course, Source of health information.

Research variables:

Knowledge regarding preventive oral health among nursing students in Narayana College of Nursing.

Description of Tool

Part – I consists of four demographic variables of students such as age, course, year of course, source of health information.

Part-II It consists of structured questionnaire consists of 26 questions each correct answer, scored as ‘1’ and wrong answer scored as ‘0’ total score was 26.

Scoring Key

Part-II: Scoring system was developed by mark to each correct answers.

Table 1: Scoring interpretation

Level of knowledge	Score
More than 85%	A+
More than 75%	A
More than 65%	B+
More than 55%	B
More than 50%	C
Less than 50%	D

Table 2: Plan for Data Collection

S. No	Data analysis	Methods	Remarks
1.	Descriptive statistics	Frequency and distribution Mean and standard deviation	Distribution of socio demographic variables. To determine the level of knowledge regarding preventive oral health among nursing students.
2.	Inferential statistics	Chi-Square	To find out the level of knowledge in preventive oral health.

Data Analysis and Interpretation

Section I: Frequency and percentage distribution of socio demographic variables of nursing students.

Section II: Frequency and percentage of knowledge regarding preventive oral health among nursing students.

Section II

Section III: Mean and standard deviation of knowledge regarding preventive oral health among nursing students.

Section IV: Association between knowledge regarding preventive oral health among nursing students with their selected demographic variables.

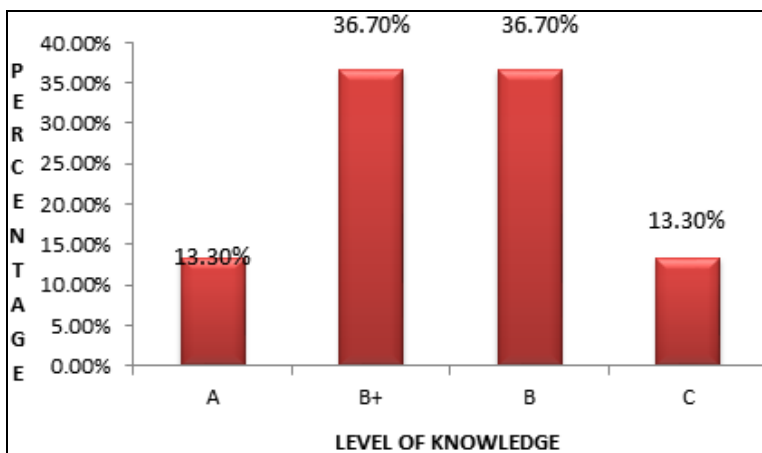


Fig 1: Percentage of nursing students based on level of knowledge.

Section III

Table 3: Mean and standard deviation of knowledge score among nursing students.

Category	mean	standard deviation
Nursing students	16.7	2.16

Section IV

Association between the level of knowledge regarding preventive oral health among nursing students with their selected demographic variables. (n=30)

There is significant association between knowledge and socio demographic variable source of health information.

There is no significant association between knowledge and socio demographic variables such as age, course, and year of course.

Summary, Conclusion, And Recommendations

Major Findings of the Study

- The demographic data reveals that in context to age, 18(60%) nursing students were between 19-20 years.
- Related to course 21(70%) are studying BSc.
- In relation to year of course, 8(26.7%) nursing students were studying first year, 8(26.7%) nursing students were studying second year.
- In context to source of health information 13(43.3%) nursing students gained information from journals.

- In relation to association there is significant association between knowledge and source of health information. There is no significant association between knowledge and socio demographic variables such as age, course and year of course.
- With regard to level of knowledge 4(13.3%) had A, 11(36.7%) had B+, 11(36.7%) had B, 4(13.3%) had C.

Recommendations for Further Research

- A similar study can be conducted on large number of sample in different settings.
- A qualitative study can be conducted for identifying barriers and factors influencing nursing student's knowledge and performance of preventive oral health.
- An experimental study can be conducted to assess the effectively self instructional module on knowledge of preventive oral health nursing students.

Conclusion

The study concluded that 4(13.3%)nursing students are having more than 75%(A) knowledge, 11(36.7%) nursing students are having more than 65%(B+) knowledge,11(36.7%) nursing students are having more than 55%(B) knowledge, 4(13.3%) nursing students are having more than 50%(C) knowledge regarding preventive oral health.

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