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EFFECTIVENESS OF PLANNED TEACHING PROGRAMME (PTP) ON KNOWLEDGE AND PRACTICE REGARDING ORAL HYGIENE, AMONG PRIMARY SCHOOL CHILDREN AT SELECTED SCHOOLS OF KOLHAPUR

Pranali Sawant¹ and Janaki Shinde²

Child Health Nursing Department, D. Y. Patil College of Nursing, D. Y. Patil University, Kolhapur

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ABSTRACT

A good oral health is the state of mouth free of any disease affecting the oral cavity and its surrounding structures; oral health has remained as an integral part of individual's general health and overall well-being. The study was conducted to evaluate effectiveness of planned teaching programme (PTP) on knowledge and practice regarding oral hygiene, among primary school children at selected schools of Kolhapur. Probability, Systematic random sampling technique was used to collect 60 samples. The study followed a quantitative evaluative survey approach with Pre experimental, one group pretest & posttest research design

The data was collected by using selected socio demographic variables, structured knowledge questionnaire and structured observational checklist regarding oral hygiene. A PTP was administered to the samples after the pretest and a post test was conducted 7 days after administration of PTP. The result showed that, out of 60 primary school children, In pretest majority of the participants 48 (80%) had average knowledge and 11 (18.34%) participants had poor knowledge and only 01 (1.66%) participant had good knowledge, where as in posttest 46 (76.67%) participants had good knowledge, 14 (23.33%) participants had average knowledge and none of the participant had poor knowledge. In pretest, majority of the participants 53 (88.34%) showed fair practice and 07 (11.66%) participants had showed poor practice and none of the participants showed good practice, where as in posttest, 44 (73.34%) participants showed good practice and 16 (26.66%) participants had showed fair practice and none of the participant showed poor practice. The calculated paired 't' value ($t_{cal} = 15.66$) was greater than tabulated value ($t_{tab} = 2.00$). This indicated that the gain in knowledge score was statistically significant at $p < 0.05$ level. The PTP on oral hygiene was effective in increasing the knowledge regarding oral hygiene among primary school children. The calculated paired 't' value ($t_{cal} = 20.83$) was greater than tabulated value ($t_{tab} = 2.00$). This indicated that the gain in knowledge score was statistically significant at $p < 0.05$ level. The PTP on oral hygiene was effective in increasing the practice regarding oral hygiene among primary school children. The calculated Karl Pearson's correlation value was ($t_{cal} = 0.93$). This indicated that correlation between knowledge and practice score was statistically significant at $p < 0.05$ level. Therefore the findings revealed that there was a strong positive correlation between knowledge and practice regarding oral hygiene among primary school children. This proved that knowledge and practice was correlated to each other. When knowledge increased simultaneously practice also increased. There was significant association between pretest practice scores and selected socio-demographic variable like education of the father [$\chi^2_{cal} = 3.91$, $\chi^2_{tab} = 3.84$]. The calculated Chi-square value was higher than the tabulated value. This indicated that there was significant association between pretest practice scores and selected socio-demographic variables at 0.05 level of significance. This study findings revealed that the primary school children mostly had poor knowledge and practice in pretest whereas in posttest primary school children mostly had good and average knowledge and good and fair practice regarding oral hygiene. Hence, the planned teaching programme was effective in improving the knowledge and practice among primary school children regarding oral hygiene.

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INTRODUCTION

“Children are the world's most valuable resource and its best hope for the future”.

- John F. Kennedy

Children between the age group of 5-14 years spend their time in school. The school is an ideal place for learning and growing up. If the schools are to become a powerhouse of health

education, it needs to change the curriculum. The World Health Organization considers schools are the healthiest promoting one when it is constantly strengthening its capacity as a healthy setting for living, learning and working. Health education, health services, and healthy environment are components of schools.¹

A good oral health is the state of mouth free of any disease affecting the oral cavity and its surrounding structures; oral

*Corresponding author: Pranali Sawant

Child Health Nursing Department, D. Y. Patil College of Nursing, D. Y. Patil University, Kolhapur

health has remained as an integral part of individual's general health and overall well-being. Maintaining good oral hygiene is one of the most important things for healthy teeth and gums. Good oral health not only enables a person to look and feel good, it is equally important in maintaining oral functions.²

It is a common saying, mere teaching of cleanliness of body and surrounding is not enough unless it is effectively demonstrated, essential and obligatory. "Cleans" to be observed by all children include clean environment, clean hands, clean food, clean water, clean mouth and clean teeth said, and also the house of the most important sense organ, 'the tongue'. Therefore, the mouth has to be kept clean and healthy. The goal of WHO is that, oral health as one among the healthy life. So WHO has selected the theme "oral health for healthy life. The purpose behind is to make the people aware about various diseases of oral cavity and to educate them in relation to prevention of these diseases.¹

Objectives

1. To evaluate the effectiveness of planned teaching programme (PTP) on knowledge and practice regarding oral hygiene among primary school children.
2. To find out the correlation between knowledge and practice regarding oral hygiene among primary school children.
3. To find out an association between pretest knowledge scores of primary school children regarding oral hygiene with their selected socio demographic variables.
4. To find out an association between pretest practice scores of primary school children regarding oral hygiene with their selected socio demographic variables.

MATERIALS AND METHODS

The population of this study was primary school children at selected schools, Kolhapur.

A quantitative, evaluative survey approach was considered to carry out the study. Preexperimental, one group pre test post test research design selected for this study. Probability, Systematic random sampling technique was used to select 60 samples for the present study. The data was collected by using selected socio demographic variables, structured knowledge questionnaire and structured observational checklist regarding oral hygiene. A (Planned Teaching Programme) PTP was administered to the samples after the pretest and a post test was conducted 7 days after administration of PTP.

Inclusion Criteria

Primary school children who were;

- Willing to participate in the study.
- Present at the time of data collection.
- Studying in 3rd and 4th standard.
- Of both the gender.

Primary school children's parents who gave consent to participate.

Exclusion criteria

Primary School children who were having dental problems like gingivitis, tooth ache, oral ulcers.

Duration

The data collection period extended from 8/02/2017 to 16/02/2017.

Procedures for Data Collection

The setting of main study was selected randomly by using lottery method. Hence, Savitri Shridhar Vidyalay was selected for the main study.

The researcher obtained the formal permission from the headmaster of Savitri Shridhar Vidyalay, Sadar bazar, Kolhapur. The research study was conducted from the 8/02/2017 to 16/02/2017. The Planning of the time schedule was done as per the activities carried out in the selected School.

The researcher introduced herself to the subjects and explained the purposes and objectives of the study. Subjects who were fulfilling the criteria were exposed to probability, systematic random sampling method. The total population was 210 from 3rd and 4th standard. So from the total population 1st sample was selected randomly i.e. 120, then every kth sample was chosen, i.e. 3rd number was added till the 65 subjects. 65 subjects were chosen for pretest because of possibility of dropouts in the posttest. The written consent was taken from the subjects parents.

Pretest was conducted on 07/02/2017 by using the tool. Subjects took approximately 30 min to complete the structured knowledge questionnaire on oral hygiene. On the same day practice was assessed by non-participant trained observer to observe the practice of the subjects by using structured observational checklist. It took 2 ½ hrs to assess the practice of 65 subjects. On the next day of pretest, PTP was administered to the subjects.

Posttest was conducted after 7 days of PTP, on 16/02/2017 by administering the same tool and same non-participant observer for assessing the practice of the 60 subjects. 5 drop outs were there in posttest.

FINDINGS AND DISCUSSION

To begin with, the data was entered in a master sheet for tabulation and statistical processing. Analysis of data is organized and presented under following headings

Section I: Findings related to distribution of Selected Socio-demographic variables of subjects.

Section II: Analysis and interpretation of knowledge scores of subjects regarding oral hygiene.

Section III: Analysis & interpretation of Mean, Median, Mode, Range & Standard deviation of pretest and posttest knowledge scores of subjects regarding oral hygiene.

Section IV: Analysis and interpretation of practice scores of subjects regarding oral hygiene.

Section V: Analysis & interpretation of Mean, Median, Mode, Range & Standard deviation of pretest and

posttest practice scores of subjects regarding oral hygiene.

Section VI: Testing of hypotheses at 0.05 level of significance.

1. Analysis and interpretation of effectiveness of PTP on knowledge of subjects regarding oral hygiene.
2. Analysis and interpretation of effectiveness of PTP on practice of subjects regarding oral hygiene.
3. Analysis and interpretation of correlation between knowledge and practice of subjects regarding oral hygiene.
4. Analysis and interpretation of association between pre-test practice scores among subjects with their selected Sociodemographic variables.

Section I: Findings related to distribution of Selected Sociodemographic variables of subjects

Table 1 Frequency and percentage distribution of subjects according to their Selected Sociodemographic variables

n=60

Sr.No.	Sociodemographic variable	Frequency f	Percentage %
Age in years.			
1.	1. 8-9	43	71.66
	2. 10-11	17	28.34
Gender			
2.	1. Male	20	33.33
	2. Female	40	66.67
Education of the children			
3.	a. 3 rd std	37	61.66
	b. 4 th std	23	38.34
Education of the mother			
4.	a. Educated	53	88.33
	b. Uneducated	07	11.67
Education of the father			
5.	a. Educated	51	85.00
	b. Uneducated	09	15.00
Do you visit dentist regularly every 6 months?			
6.	a. Yes	27	45.00
	b. No	33	55.00
	If no give reason	26	78.78
	I. Fear to visit dentist	07	21.22
	II. No dental problem		
Do you drink milk daily?			
7.	a. Yes	51	85.00
	b. No	09	15.00
Sources of information regarding oral Hygiene.			
8.	a. Family members	25	41.67
	b. Mass media	04	6.66
	c. Health care person	15	25.00
	d. School teacher	16	26.67

Table 1: Indicates that,

1. Majority of the subjects 43 (71.66%) belonged to the age group of 8-9 years, and minimum 17 (28.34%) belonged to the age group of 10-11 years.
2. Majority of the subjects 40 (66.67%) were male children and minimum 20 (33.33%) were female.
3. Majority of the subjects 37 (61.66%) were studying in 3rd standard and minimum 23 (38.34%) subjects were studying in 4th standard.

4. Majority of the subjects mothers 53, (88.33%) were educated and minimum 07 (11.67%) were uneducated.
5. Majority of the subjects fathers, 51 (85%) were educated and minimum 09 (15%) were uneducated.
6. Majority of the subjects 33 (55%) did not visit to dentist because 26 (43.33%) subjects were having fear to visit dentist and 07 (11.67%) were not having any dental problem, and minimum 27 (45%) subjects were visiting dentist regularly every 6 months.
7. Majority of the subjects 51 (85%) were having the habit of drinking milk daily and minimum 09 (15%) subjects were not having the habits of drinking milk daily.
8. Majority of the subjects 25 (41.67%) got the information regarding oral hygiene from their family members and minimum 4 (6.66%) got the information from mass media regarding oral hygiene.

The results were contradictory to the findings of study done by Ms.ManveerKaur who had assessed School Children Knowledge Regarding Dental Hygiene in Punjab. The contradictory findings were, 20 (33.33%) middle school children were studying in 6th standard, 20 (33.33%) were in 7th standard and 20 (33.33%) were in 8th standard. 30 (50%) sample were female and 30(50%) were male. maximum number of mothers 23 (38.33%) of middle school children were illiterate. maximum number of fathers 23 (38.34%) of middle school children had educational status primary.

The results were similar to the findings of study done by Rafi A. Togoo, Syed Mohammed Yaseen who had assessed Oral hygiene knowledge and practices among school children in a rural area of southern Saudi Arabia. Nearly half (52.1%) of the children would visit a dentist only when in pain though a majority (79.4%) answered that regular dental checkup was essential. Fear (67.28%) was cited as the main reason for not visiting the dentist.

Section II: Analysis and interpretation of knowledge scores of subjects regarding oral hygiene

Table 2 Frequency and percentage distribution of pretest and posttest knowledge scores of subjects regarding oral hygiene

n=60

Knowledge scores	Pretest		Posttest	
	f	(%)	f	%
Good	01	1.66	14	23.33
Average	48	80	46	76.67
Poor	11	18.34	00	00

Table 2: Indicates that,

In pretest majority of the subjects 48 (80%) had average knowledge and 11 (18.34%) subjects had poor knowledge and only 01(1.66%) subjects had good knowledge, where as in posttest 46 (75.40%) subjects had good knowledge, 14 (22.95%) subjects had average knowledge and none of the participant had poor knowledge.

The results were similar to the findings of study done by Ms.ManveerKaur who had assessed School Children Knowledge Regarding Dental Hygiene in Punjab. In pre-test, majority of sample 47(78.3%) had average level of knowledge, 09(15%) poor level of knowledge and only 04(6.6%) had

good level of knowledge regarding Dental hygiene. In post-test it was observed that 41(68%) sample had average level of knowledge, 19 (32%) had good level of knowledge and no one had poor level of knowledge after administration of STP.

Section III: Analysis & interpretation of Mean, Median, Mode, Range & Standard deviation of pretest and posttest knowledge scores of subjects regarding oral hygiene.

Table 3 Findings related to Mean Median, Mode, Standard Deviation and Range of knowledge scores of subjects regarding oral hygiene

n=60

Area of analysis	Mean	Median	Mode	Standard Deviation	Range
Pretest	9.23	9.5	10.1	2.56	13
Posttest	12.06	12.5	13.5	3.2	11
Difference	2.83	3	3.4	0.64	-2

Table 3: Indicates that,

1. The overall knowledge score of subjects is increased by mean difference 2.83 units and median difference is 3 where as mode difference is 3.4.
2. The variability around the mean of knowledge score distribution is 0.64.
3. The range between the highest and lowest score is decreased by -2 units after administering the PTP.

Section IV: Analysis and interpretation of practice scores of subjects regarding oral hygiene.

Table 4 Frequency and percentage distribution of pretest and posttest practice scores of subjects regarding oral hygiene

n=60

Practice scores	Pretest		Posttest	
	f	%	f	%
Good	00	00	44	73.34
Fair	53	88.34	16	26.66
Poor	07	11.66	00	00

Table 4: Indicates that,

In pretest, majority of the subjects 53 (88.34%) showed fair practice and 07 (11.66%) subjects had showed poor practice and none of the subjects showed good practice, in pretest majority of the subjects were not cleaning their brush before brushing their teeth and they were only following horizontal technique while brushing their teeth and were not cleaning their tongue. All the primary school children were using toothbrush and tooth paste to brush their teeth. Majority of the subjects 60 (100%) were following the horizontal technique, whereas only 5 (8.33%) were following vertical techniques and minimum subjects 2 (3.33%) were following circular motion of molar and premolar teeth. Majority of subjects 32 (52.34%) brushed their teeth for less than 2min and minimum 28 (46.66%) brushed their teeth for 2min. where as in posttest, 44 (73.34%) subjects showed good practice and 16 (26.66%) subjects had showed fair practice and none of the participant showed poor practice. The results were similar to the findings of study done by Mohammed Ahad, Gheena. Son awareness of tooth brushing techniques and proper oral hygiene among school children Chennai. Majority of students (94.4%) practice brushing with

tooth paste, only (5.20%) use neem stick for brushing their teeth. The rest 0.4% i.e. only one student revealed that he uses his hand for brushing. 34.80% of the student population used random direction method to brush their teeth, only few (i.e.) 20% of the students followed specific tooth brushing techniques. 48.80% of student population said that they brush for 1-2 minutes and 40.80% of students brush more than 2 minutes, 14.40% brushes their teeth for 30 seconds.

Section V: Analysis & interpretation of Mean, Median, Mode, Range & Standard deviation of pretest and posttest practice scores of subjects regarding oral hygiene.

Table 5 Findings related to Mean, Median, Mode, Standard Deviation and Range of practice scores of subjects regarding oral hygiene.

n=60

Area of analysis	Mean	Median	Mode	Standard Deviation	Range
Pretest	5.91	6.5	7.7	1.12	04
Posttest	9.25	9.5	10.1	1.28	05
Difference	3.34	03	2.4	0.16	01

Table 5: Indicates that,

1. The overall practice score of subjects is increased by mean difference 3.34 units and median difference is 3 where as mode difference is 2.4.
2. The variability around the mean of knowledge score distribution is 0.16.
3. The range between the highest and lowest score is increased by 01 unit after administering the PTP.

Section VI: Testing of hypotheses at 0.05 level of significance

Analysis and interpretation of effectiveness of PTP on knowledge of subjects regarding oral hygiene

H₀₁ - There is no significant difference between pretest and posttest knowledge score among subjects regarding oral hygiene.

H₁- The mean posttest knowledge score of subjects regarding oral hygiene is higher than mean pretest knowledge score.

Table 6 Findings related to effectiveness of PTP on knowledge of subjects regarding oral hygiene

n=60

Mean Difference	Standard Error	Paired 't' value		df
		Calculated	Tabulated	
2.83	0.18	15.66*	2.0	59

* indicates significance

Table 6: Indicates that,

The calculated paired't' value ($t_{cal} = 15.66$) is greater than tabulated value ($t_{tab} = 2.00$). Hence H_1 is accepted and H_{01} is rejected. This indicates that the gain in knowledge score is statistically significant at $p < 0.05$ level. i.e. $H_1: \mu \neq \mu_{01}$.

Therefore the findings reveal that the PTP was effective in increasing the knowledge regarding oral hygiene among primary school children.

Analysis and interpretation of effectiveness of PTP on practice of subjects regarding oral hygiene

H₀₂ - There is no significant difference between pretest and posttest practice score among subjects regarding oral hygiene.
H₂ -The mean posttest practice score of subjects regarding oral hygiene is higher than mean pretest practice score.

Table 7 Findings related to effectiveness of PTP on practice of subjects regarding oral hygiene. n=60

Mean Difference	Standard Error	Paired 't' value		df
		Calculated	Tabulated	
3.33	0.028	20.83*	2.0	59

* indicates significance

Table 7: Indicates that,

The calculated paired 't' value ($t_{cal} = 20.83$) is greater than tabulated value ($t_{tab} = 2.00$). Hence H_2 is accepted and H_{02} is rejected. This indicates that the gain in knowledge scores is statistically significant at $p < 0.05$ level. i.e. $H_2: \mu \neq \mu_{02}$.

Therefore the findings reveal that the PTP was effective in increasing the practice regarding oral hygiene among primary school children.

The findings of study was supported by the study done by Nagwa Rizk Mohammed Abu-Elenen on the study titled, effect of an Oral Care Educational Program on the Knowledge, Practice and Self-Efficacy among School Age Children in Egypt. This study revealed that 21.2 % of students performed the recommended practice of brushing teeth trice daily but after program the percentage improved to 27.6% & 32.5% immediately and follow up respectively.

Analysis and interpretation of correlation between knowledge and practice of subjects regarding oral hygiene

H₀₃ - There is no correlation between knowledge and practice of subjects regarding oral hygiene.
H₃ -There is a correlation between knowledge and practice of subjects regarding oral hygiene.

Table 8 Findings related to correlation between knowledge and practice of subjects regarding oral hygiene n=60

Karl Pearson's correlation value		df
Calculated	Tabulated	
0.93*	0.25	58

* indicates significance

Table 8: Indicates that,

The calculated Karl Pearson's correlation value ($t_{cal}=0.93$) is greater than tabulated value ($t_{tab}=0.25$). Hence H_3 is accepted and H_{03} is rejected. This indicates that correlation between knowledge and practice score is statistically significant at $p < 0.05$ level. i.e. $H_3: \mu \neq \mu_{03}$.

Therefore the findings reveal that there is a strong positive correlation between knowledge and practice regarding oral hygiene among primary school children. This shows that knowledge and practice is correlated with each other. When knowledge increased simultaneously practice also increased.

Analysis and interpretation of association between pre-test practice scores among subjects with their Selected Sociodemographic variables

H₀₄-There is no association between pre-test practice scores of subjects with their selected Sociodemographic variables.
H₄-There is an association between pre-test practice scores of subjects with their selected Sociodemographic variables.

Table 10 Findings related to association between pretest practice scores of subjects with their Selected Sociodemographic variables n=60

Sr.No.	Sociodemographic Variable	Scores		Chi Square value		df
		Average	Poor	Calculated	Tabulated	
1.	Age in years.					
	a. 8-9	40	03	1.54	3.84	01
	b. 10-11	14	03			
2.	Gender					
	a. Male	18	02	0.00	3.84	01
	b. Female	36	05			
3.	Education of the children					
	a. 3 rd std	34	03	0.38	3.84	01
	b. 4 th std	20	03			
4.	Education of the mother					
	a. Educated	47	06	0.88	3.84	01
	b. Uneducated	07	00			
5.	Education of the father					
	a. Educated	46	04	3.91*	3.84	01
	b. Uneducated	07	03			
6.	Do you visit dentist regularly every 6 months?					
	a. Yes	24	03	0.06	3.84	01
	b. No	30	03			
7.	Do you drink milk daily?					
	a. Yes	46	05	0.015	3.84	01
	b. No	08	01			
8.	Sources of information regarding oral hygiene					
	a. Family members	23	02	1.54	7.82	03
	b. Mass media	03	01			
	c. Health care person	13	02			
	d. School teacher	15	01			

Note: * indicates association

Table 10: Indicates that,

There is significant association between pretest practice scores of subjects and their selected socio-demographic variable like education of the father [$\chi^2_{cal}= 3.91, \chi^2_{tab}= 3.84$], the calculated Chi-square value is higher than tabulated value at 0.05 level of significance.

There is no any significant association between pretest practice scores and their selected socio-demographic variables like age in years [$\chi^2_{cal}=1.54, \chi^2_{tab}= 3.84$], Gender [$\chi^2_{cal}=0.00, \chi^2_{tab}= 3.84$], Education of the children [$\chi^2_{cal}=0.38, \chi^2_{tab}= 3.84$], Education of the mother [$\chi^2_{cal}=0.88, \chi^2_{tab}= 3.84$], Do you visit dentist regularly every 6 months? [$\chi^2_{cal}=0.06, \chi^2_{tab}=3.84$], Do you drink milk daily? [$\chi^2_{cal}=0.015, \chi^2_{tab}=3.84$], Sources of information regarding oral hygiene [$\chi^2_{cal}=1.54, \chi^2_{tab}= 7.82$]. The calculated Chi-square values are lower than tabulated value at 0.05 level of significance.

Hence H₄ is accepted and H₀₄ is rejected. This indicates that there is significant association between pretest practice scores and their selected socio-demographic variables at 0.05 level of significance, i.e. $H_4: \mu \neq \mu_{04}$.

This findings was supported by the study done by NagwaRizk Mohammed Abu-Elenen on the topic effect of an Oral Care Educational Program on the Knowledge, Practice and Self-Efficacy among School Age Children in Egypt. The results indicated that all students whose their father and mother were illiterate had poor practice regarding to oral care (100 % and 94.7%) respectively.

CONCLUSION

The study revealed that the planned teaching programme (PTP) was effective in increasing the knowledge and improving the practice of primary school children regarding oral hygiene. This study finding also greatly emphasis that demonstration technique is effective in improving the practice regarding oral hygiene rather than only lecture method.

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