



A study to assess the knowledge on flurosis among rural elderly at Chorannahalli village Mysuru

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Abstract

Fluorosis, a public health problem is caused by excess intake of fluoride through drinking water/food products/industrial pollutants over a long period. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis. The Government of India started the National Programme for Prevention and Control of Fluorosis (NPPCF) as a new health initiative in the 11th Five Year Plan (2008-09) with the aim to prevent and control Fluorosis in the country. 100 districts of 17 States were covered during 11th Plan and additional 32 districts have been covered during the 12th Five Year Plan. Many parts in the countries are considered as endemic.¹ hence the aim of this study is to assess the knowledge of flurosis among rural elders at chorannahalli village, Mysuru.

Objectives: A study to assess the knowledge on flurosis among rural elders at chorannahalli village Mysuru

Methods: The research design selected for this study was descriptive design. Non-Probability convenient sampling technique was adopted to select 80 Rural Elderly at Chorannahalli village Mysuru.

Result: Result revealed that majority of elderly are have adequate knowledge on flurosis but there is association between the Knowledge of the rural elderly with their selected demographic variables such as age, education and occupation.

Conclusion: It was concluded that the Rural Elderly having Adequate Knowledge on flurosis and there is statistical significance association between the knowledge and demographic variable such as age, education and occupation.

Keywords: knowledge, flurosis, Rural dearly, Mysuru dist.

INTRODUCTION

BACKGROUND

Fluorosis, also called dental fluorosis,¹ is a condition that changes the appearance of tooth enamel in young children as a result of being exposed to too much fluoride. Fluorosis is caused by high levels of fluoride. Fluoride is a naturally-occurring mineral that has been shown to help prevent cavities. Fluoride is typically added to toothpaste and mouthwash, and it is added to public drinking water sources in many places around the world. Most cases of fluorosis are mild, not painful, and don't cause any permanent damage to a child's teeth. If severe fluorosis occurs, it can usually be treated through a number of cosmetic dentistry techniques such as whitening or veneers.²

Fluoride prevalence was reported in 230 districts of 19 States earlier. As per recent data from Ministry of Drinking Water and Sanitation, there are 14,132 habitations (as on 1.4.2014) from 19 States which are yet to be provided with safe drinking water. The population at risk based on population in habitations with high fluoride in drinking water is 11.7 million.hence it's important to assess the knowledge on fluorosis among rural elderly to control this problem in rural area.nolgonda technique was used for deflurination of water in india³.

Problem Title

Assessment of the knowledge on flurosis among rural elderly at Chorannahalli village Mysuru

Objectives:

1. To assess the knowledge regarding flurosis among rural elderly at Chorannahalli village, Mysuru
2. To determine the association between the Knowledge on flurosis among rural elderly at Chorannahalli Village Mysuru with their selected personal variables.

Hypotheses

H 1- There will be significant association between the knowledge regarding flurosis among rural elderly at Chorannahalli Village Mysuru with their selected personal variables.

Conceptual Frame Work

The conceptual framework used for this study was Penders health promotion Model.

Assumptions

1. Rural Elderly may have some knowledge on Flurosis.

Delimitation

Study is delimited to those who are residing in Rural community at chorannahalli Under Varuna PHC at Mysuru dist.

METHODOLOGY

Research Approach

Quantitative approach was adopted for this present study.

Research Design

Descriptive design was adopted for present study

Keys

Variables of the Study

Research variable; knowledge regarding Flurosis

Other variables: Selected personal variables viz., age, gender educational qualification, religion and attended any educational programme regarding Flurosis.

Sources of the Data

Setting of the Study

The present study was conducted at Chorannahalli Village under Varuna PHC, Mysuru.

Population

Population comprised of rural elderly at Chorannahalli Village Mysuru.

Sample and Sampling

Rural elders were selected as samples for the present study at Chorannahalli Village, Mysuru.

Sampling Technique

Non- probability convenient sampling technique was used for the study to select 80 rural elderly at Chorannahalli Village.

SAMPLING CRITERIA

Inclusion criteria:

Rural elders who are:

- Available during the period of data collection.
- Willing to participate in the study

Exclusion criteria:

- Rural elders who are not willing to participate the study.
- Data Collection Techniques and Instruments

Development of tool:

The tool was developed through following steps:

Review of research and non-research literature related to fluorosis.

Opinion of experts from the nursing department.

Description of Tool

The tool consists of two sections.

Section A: Consists of Proforma for selected personal variables of respondents seeking information such as age, gender, educational status, previous exposure to educational program me on fluorosis.

Section B: Includes structured knowledge questionnaire to assess the knowledge on flurosis.

Grades will be assigned as mentioned below:

- < 50 Inadequate knowledge
- 50-75 moderate knowledge
- 75 adequate knowledge

CONTENT VALIDITY

The tool was given to 6 experts in nursing field and 1 Statistician to establish content validity. There was 100% agreement by all experts. However there were few suggestions to modify some questions and they were incorporated in the final draft.

RELIABILITY

The reliability was established through split half method by administering it to 30 Rural elderly at Mysuru dist. Co efficient correlation was 0.79. Hence the tool was found to be reliable.

PROCEDURE FOR THE DATA COLLECTION

Permission for conducting the study was obtained from consent authority the data was collected. An informed consent was obtained from each subject to indicate their willingness to participate in the study. The data collection process was terminated after thanking each respondent for their participation and their co-operation.

RESULTS**SECTION_1: Description of selected personal variables of study subjects.**

TABLE_1: Frequency and percentage distribution on rural elderly according to their selected personal variables.

n = 80

Sl. No	Demography	Category	Respondents	
			Frequency	Percent (%)
	Age(years)	>35	17	21.25
		35-45	29	36.25
		45-55	21	26.25
		55 and above	13	16.25
	Sex	Male	49	61.25
		Female	31	38.75
	Religion	Hindu	76	95.00
		Muslim	02	2.5
		Christine	02	2.5
	Type of Family	Nuclear	53	66.25
		Joint	27	33.75
	Education	Illiterates	18	22.5
		Primary	16	20
		Higher secondary	21	26.25
		PUC and above	25	31.25
	Income	<10000	08	10
		Rs 10000-20000	09	11.25
		Rs .>20000	63	78.75

In Results, Table -01, Religious Muslim Frequency 02 and Percentage 2.5%

SECTION -2: Frequency and percentage distribution of rural elderly according to their level of knowledge.**n=80**

Knowledge level	f (%)	(%)
Adequate Knowledge (<13)	63	78.75
Moderate Knowledge (13-20)	15	18.75
Inadequate Knowledge (>20)	02	2.5

TABLE 3: Mean, median, standard deviation, scores**n=80**

SL.NO	Aspects	Maximum Score	Range Score	Mean Score	Mean%	SD
01.	knowledge	30	19-30	29.47	36.83	3.07

SECTION- 3**Association between the levels of knowledge regarding flurosis among Rural Elderly with their selected personal variables.**

To find out the association between the levels of knowledge on flurosis with their personal variables, chi square was computed and following hypothesis is stated.

H 01: There is a significant association between the knowledge regarding flurosis among Rural elderly with their selected personal variables.

Calculated chi square value showed that there was a significant association found between the knowledge on flurosis with their selected personal variables such as age, education. Occupation, Hence the hypothesis is accepted and it is inferred that there is a significant association between knowledge on flurosis with their selected personal variable.

IMPLICATIONS

The findings of present study have implications for nursing practice, nursing education, nursing administration and nursing research.

Nursing practice:

It is necessity to assess the knowledge on flurosis in Geographical area to prevent this endemic problems.in india many parts we considered a endemic. Hence it is importance assess the knowledge on regarding flurosis.

Nursing education:

Education is the key component to update and import the knowledge of an people on flurosis. The nurse educator can conduct the educational programme in community setting about awareness of flurosis to import their knowledge to prevent this disease.

Nursing administration:

Nursing administrator is the key person to plan, organize and conduct educational programme. Nurse administrators can encourage the Rural elderly to participate in educational intervention on flurosis awareness campaign.

Nursing research:

The topic has great relevance to the present day in public health. The study stresses on the need for extensive research in the subject and for more implication to improve the awareness on flurosis.

RECOMMENDATIONS

1. A Similar study can be conducted in urban population.
2. A comparative study can be conducted between urban and Rural Elderly.
3. Similar study can be carried out on a large scale to generalize the findings.

CONCLUSION

It was concluded that rural elderly was having adequate knowledge regarding flurosis .Study finding also emphasizes that, there is a significance association between the level of knowledge with their personnel demographic variable.

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