

APPENDIX I

SCHOOL LIST - DISTRICT C3 (SAMPLING FRAME)

SCHOOL	NO. OF PUPILS
1. Emsebeni Junior primary School (UE)	443
2. Esiyalwini Primary School (UE)	316
3. Igugu Primary School (E)	338
4. Ikwezi Primary School (E)	511
5. Lekang Primary School (UE)	582
6. Mokorotlo Primary School (UE)	281
7. Risuna Primary School (UE)	213
8. Tshedimoso Primary School (UE)	282
9. Itekeng Primary School (E)	345
10. Vukani Primary School (E)	291
11. Vukazensele Primary School (E)	353
TOTAL	3955

APPENDIX II

FOCUS GROUP DISCUSSION GUIDELINES

1. **What is your understanding of oral health?**
 - probe to highlight teeth, gums, tongue etc.

2. **Do you think oral health is important for an individual's well-being?**
 - probe to find out how it affects people e.g. social life etc.

3. **What is your perception of dental disease?**
 - probe to highlight issues like halitosis, tooth decay, bleeding gums and mobile teeth, aesthetics.

4. **What causes oral / dental disease and what promotes oral health?**
 - probe to mention methods and frequency of tooth brushing
 - preventive methods etc, poor rating habits

5. **Is oral health more important for specific age groups? i.e. children, adults and the aged?**

6. **Can the food you eat affect your oral health?**
 - probe to find out knowledge about sticky processed sugars in-between meals, nursing bottle for babies, fruits etc.

7. **What do you tell or teach your learners about oral health?**
 - probe to get ideas on tooth brushing (i.e. frequency and method), flossing, disclosing solutions, check-up, refined sugary foods in-between meals.

8. **In your opinion what is the role of teachers in promoting oral health?**
 - probe to find out any experience in this

9. **How often or when do visit a Dentist or Dental therapist?**
10. **Have you ever heard of fluorides or fluoridation?**
 - fluoride toothpaste and water fluoridation
11. **Whose responsibility do you think it is to ensure oral health for all?**
12. **If you have received any information on oral health, who was the source and what was it?**
13. **Are you satisfied with the dental services in your community? Why?**
14. **Do you have any recommendations / suggestions? In order to improve your learners and your own oral health?**
15. **What do you do to ensure your learners' or your own oral health is okay?**
 - probe to find out what they feed their children i.e. babies – do they give milk bottle at bedtime?
 - do they give them money to take to school?
 - do they brush their children's teeth?
 - do they have any idea about what the children buy at school?
16. **What to you do to ensure you and your family's oral health is ok?**
17. **Are there any school policies regarding oral health promotion?**
If so, do you know what they are?
18. **Are there any school oral health educational programmes?**
19. **Have you ever had any course in oral health?**
20. **In your opinion, is the school environment conducive to oral health promotion?**
21. **What are the barriers to promoting oral health at your school?**

APPENDIX IIIa

SUBJECT INFORMATION SHEET/CONSENT FORM FOR QUESTIONNAIRE

My name is Ann Martha Nakaziba-Ouma. I am a postgraduate student in the School of Public Health, University of the Witwatersrand.

I kindly request consent for your child to participate in a study for the School of Public Health, University of the Witwatersrand, Johannesburg. This study will help us to learn more about your children's oral health, and hopefully plan appropriate oral health education programmes. This interview will take about 25 minutes.

I would like to emphasize that strict confidentiality is assured. Participation is voluntary so your child is free to withdraw if you deem it necessary. Your child should feel free not to answer any questions that he/she may feel encroaches on his/her privacy.

At the end of the study, after all the results have been compiled, you will receive feedback on the findings. We will hopefully be able to use the information to your child's benefit.

I have fully explained the procedures for the study, please sign and send this back to school.

Date: _____

Researcher: _____

I have been fully informed about the procedures. I understand that my child is free to refuse to participate or I may withdraw my consent at anytime.

Date: _____

Parent / Guardian _____

APPENDIX IIIb

FOCUS GROUP PARTICIPANT INFORMATION AND CONSENT FORM

My name is Ann Martha Nakaziba-Ouma.

I am asking you to participate in a research study for the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg. This study will help us to learn more about oral health. The discussion today will last about an hour and a half. I am going to ask your opinion on different things. There are no right or wrong answers.

A tape recorder will be used to record the proceedings of the discussion but the tapes will be destroyed as soon as the data is analyzed.

Participation in this study is voluntary and you are free to refuse to participate or to withdraw your consent and to discontinue participation at any time without any consequences.

I have fully explained the procedures. I have asked whether or not participants have any questions regarding the procedures and have answered the questions to the best of my ability.

Date: _____

Researcher: _____

I have been fully informed about the procedures. I understand that I am free to refuse to participate or withdraw my consent or discontinue my participation in this study at anytime.

Date: _____

Participant: _____

APPENDIX IIIc

P.O. Box 1075,
Mondeor
2110

28.08.2001

The Principal
..... Primary School
Soweto

RE: PERMISSION TO CONDUCT RESEARCH PROJECT

Sir/Madam,

I am a student at the University of the Witwatersrand studying Master of Public Health and I need to complete a research project regarding oral health knowledge, attitude, beliefs and practice of primary school children in Mofolo.

Kindly assist me in allowing access to your upper primary pupils for questionnaire interviews.

As soon as the research protocol is approved by both Ethics and Research Committees, I will forward a detailed copy to your office.

For more information, please contact Programme Coordinator, Dr. Kathy Kahn on Telephone No: (011) 717-2087 or my Project Supervisor, Prof. Michael Rudolph on Telephone No: (011) 717-2593/4.

I have attached a copy of the Subject Information Sheet/Consent Form.

Hoping that my request will meet your approval.

Yours sincerely,

ANN-MARTHA NAKAZIBA-OUMA

APPENDIX IV

QUESTIONNAIRE

1. **Age** (years)

2. **Gender: (mark with √)**

Male Female

3. **School Grade:**

4a. **Who do you stay with at home? (mark with √)**

a) Mother and father	<input type="checkbox"/>
b) Mother only	<input type="checkbox"/>
c) Father only	<input type="checkbox"/>
d) Granny only	<input type="checkbox"/>
e) Friends	<input type="checkbox"/>
f) Big brother/sister	<input type="checkbox"/>
g) Auntie/uncle	<input type="checkbox"/>
h) Other	<input type="checkbox"/>

4b. **If other, specify :**

5a. **Does the person/s you stay with have a job? (mark with √)**

Yes No

5b. **If Yes, what job do they do?**

6. **What type of house do you live in? (mark with √)**

a) Flats	<input type="checkbox"/>
b) Stand alone house	<input type="checkbox"/>
c) Hostel	<input type="checkbox"/>
d) Shack	<input type="checkbox"/>

11. Do you have a toothbrush? (mark with √)

- a) Yes
- b) No

12. Do you use toothpaste to clean or brush your teeth? (mark with √)

- a) Yes, all the time
- b) Yes, sometimes
- c) No, never
- d) I have never seen toothpaste

13. Why do you clean or brush your teeth? (You can √ more than 1 box)

- a) To prevent dental disease
- b) Keeps them white
- c) To get good breath
- d) My mother tells me to
- e) My teacher tells me to
- f) I have heard on TV/radio
- g) I just want to

14. Where did you first learn to brush or clean your teeth? (mark with √)

- a) At home
- b) At school
- c) At the dental clinic
- d) At the school clinic
- e) On TV
- f) I taught myself
- g) My friend taught me

15. Have you ever been to a Dentist or Dental therapist? (mark with √)

- a) Yes
- b) No

16. When did you last go to see a Dentist? (mark with √)

- a) Never been to a dentist
- b) Last week
- c) Last month
- d) Last year
- e) More than a year ago
- f) I don't remember

17. How often do you go to the Dentist? (mark with √)

- a) Every six months for a check-up
- b) Every year for a check-up
- c) Only when I think something is wrong
- d) Only when I am in pain
- e) Only when my mother/father/guardian tells me to
- f) Only when the school nurse sends me to the dentist
- g) I don't go to the dentist at all

18. What was the reason for going to the Dentist? (mark with √)

- a) My mother thought I needed a check-up
- b) My school nurse sent me to the dentist
- c) To get my teeth cleaned
- d) I had a toothache
- e) To straighten my teeth
- f) I have never been to a dentist

19a. If you do not go to the Dentist, why? (mark with √)

- a) I am afraid of dentists
- b) It costs too much
- c) There is nothing wrong with my teeth
- d) The person who looks after me is busy
- e) Nobody ever tells me to
- f) The clinic is far from my house

19b. If you're afraid of dentists, explain why?

.....
.....

20. Do you have a tuck shop at school? (mark with √)

a) Yes b) No

21. What do you normally buy from the tuck-shop? (mark with √)

a) Fruits	<input type="checkbox"/>
b) Fruit juice	<input type="checkbox"/>
c) Fizzy drink e.g. Fanta, Coke etc.	<input type="checkbox"/>
d) Sweets to suck	<input type="checkbox"/>
e) Sweets to chew	<input type="checkbox"/>
f) Cakes	<input type="checkbox"/>
g) Chocolates	<input type="checkbox"/>

22. Do you ever bring lunch from home? (mark with √)

a) Yes, all the time	<input type="checkbox"/>
b) Sometimes	<input type="checkbox"/>
c) No	<input type="checkbox"/>

23. Does your relative give you money for lunch? (mark with √)

a) Yes, all the time	<input type="checkbox"/>
b) Sometimes	<input type="checkbox"/>
c) No, never	<input type="checkbox"/>

24. What do you buy with the money? (mark with √)

- a) Sweets
- b) Fruits
- c) Fruit juice
- d) Cakes
- e) Chocolates
- f) Pop corn
- g) Sandwich
- h) Pie

25. What did you eat/drink for breakfast? (mark with √)

- a) Tea/coffee
- b) Milk
- c) Cereal
- d) Tea/bread with margarine
- e) Tea, bread, margarine, jam
- f) Cereal and fruit
- g) Porridge
- h) Did not have breakfast

26. How many spoons of sugar do you put in your tea/coffee/milk/porridge/cereal? (mark with √)

- a) I don't have sugar
- b) 1 spoonful
- c) 2 spoons
- d) 3 spoons
- e) More than 3 spoons

27. Have you ever heard of fluoride? (mark with √)

- a) Yes
- b) No

28. Where would you find fluoride? (you can ✓ more than one box)

- a) Drinking water
- b) Toothpaste
- c) Mouth rinse
- d) Tablets
