

**PARENTAL KNOWLEDGE AND ATTITUDE WITH REGARD TO AVULSED
PERMANENT TOOTH OF THEIR CHILDREN AND THEIR EMERGENCY
MANAGEMENT IN HILL STATIONS- A QUESTIONNAIRE BASED STUDY**

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ABSTRACT:

BACKGROUND: Dental avulsion is defined as the complete displacement of tooth from its socket in the alveolar bone owing to trauma. Prompt and appropriate emergency management is exceedingly important for the best long-term prognosis of teeth affected by avulsion, especially in young children. Ideally, an avulsed tooth should be immediately replanted in its socket in order to avoid further damage to the periodontal membrane. The knowledge of parents regarding important steps to be taken immediately after dental avulsion is considered crucial for success of the treatment.

AIM: The study was conducted to evaluate the knowledge and attitude of parents in Nilgiri district of Tamil Nadu with regard to avulsed permanent tooth of their children and their emergency management using a questionnaire.

MATERIALS AND METHODS: The study included 602 parents of school children aged between 3 years and 15 years in the Nilgiri district of Tamil Nadu, India. Each parent was given a questionnaire and was asked to tick his/her response with regard to the knowledge and emergency management of avulsed permanent teeth of their children. Statistical analysis was done to evaluate the association between the results and the genders, educational level, and geographical status of the respondents.

RESULTS: More than half the participating participants were male(52%). Most (61%) reported that it is not possible to reimplant an avulsed tooth back into its socket. However, most parents were not sufficiently informed about the appropriate time for the reimplantation to be done or transporting it to a dentist. The study revealed that even though majority of the respondents believed that saving an avulsed tooth is important, there was inadequate knowledge about the emergency measures to manage an avulsed tooth.

CONCLUSION: There is an insistent need for educating the parents regarding management of avulsed tooth and educational campaigns are necessary to improve proper emergency management of dental avulsion.

KEYWORDS:

Avulsion, Permanent tooth, Parents, Children, Practise, Knowledge.

INTRODUCTION:

Traumatic dental injuries [TDIs] frequently occur in the society and may occur mostly at home environment. It occurs frequently in children and adolescents, affecting teeth, their supporting structures and adjacent soft tissues contributing to major psychosocial and economic problems[1]. Various studies conducted among different populations have reported the prevalence rates for TDIs to be between 4.9%–37%[2]. One of the most serious traumatic dental injuries is avulsion, in which one or more teeth are completely knocked out of their alveolar sockets.

Dental avulsion is defined as the complete displacement of tooth out of its socket along with severed periodontal ligament with or without fracture of the alveolar bone[3]. Being the most serious form of dental trauma, it occurs frequently in the society with an incidence of 0.5%-3% of all traumatic dental injuries of the permanent dentition[4]. Oral factors such as an increased overjet with protrusion, environmental determinants and human behaviour factors in risk-taking children, children being bullied, emotionally stressful conditions, obesity, attention-deficit hyperactivity disorder and violence were found to increase the risk for TDIs[2][3].

Although avulsion may occur at any age, the most common age is between 8–12 years of age for avulsion of permanent dentition, a time when the loosely structured periodontal ligament surrounding erupting teeth provides very minimal resistance to an extrusive force[5]. Tooth avulsion is almost three times more frequent in boys than girls because of their active participation in sports and games and also occurs most commonly from 7 to 9 years of age when the permanent incisors are erupting[5][6]. The teeth most commonly avulsed in both the primary and the permanent dentition are the maxillary central and lateral incisors[3][4][5][6].

The permanent anterior teeth are not only important for aesthetics but are also very essential for proper speech, mastication, health of the supporting tissues and psychological and mental health of children. Dental avulsion brings aesthetic, functional, and psychological consequences on the child. Hence, immediate replantation of avulsed permanent incisors contributes to an improved self-image and enhanced self-esteem in children[7]. For the management of avulsed permanent tooth, the treatment of choice is immediate replantation and is widely accepted. Replantation in the primary dentition is contraindicated because in doing so, may damage the permanent successor. The most important factor in determining the prognosis of a replanted tooth is the viability of the periodontal ligament left on the root prior to replantation[8].

The knowledge of parents regarding important steps to be taken immediately after dental avulsion is considered crucial in order to achieve successful outcome of the treatment. Several studies show that the majority of population, have little knowledge concerning this subject[9][10][11][12]. Therefore, it is essential that the lay population, including parents, caretakers and teachers, who are among those most often present when an injury occurs, are aware of the appropriate methods for managing avulsion.

MATERIALS AND METHODS:

The study population consists of 602 parents of school children aged between 3 years and 15 years in the Nilgiri district of Tamil Nadu, India. The nature and the purpose of the study were explained to the parents in local language. Its voluntary nature was emphasized and strict confidentiality assured. The participants were asked to complete a 14-stemmed questionnaire which was a modified form of the questionnaire used by Raphael and Gregory[13] in their study. The questionnaire was provided in both simple English and regional (Tamil) language. The questionnaire was essentially comprised of two parts: First part contained the general demographic data and the second part includes closed questions which assessed the knowledge, attitude, and previous experience of the participant toward the first-aid management of avulsed permanent tooth. Each question was provided with options which maybe correct or incorrect answers. Participants were requested to mark the option which they perceive as the most appropriate answer. Collection of the completed questionnaire was done on the same day, immediately after the parents had completed the questionnaire. Any enquiries and comments about the questions from the participants were attended to by the authors. This was followed by distribution of information leaflets and health education regarding proper first-aid measures of avulsed young permanent teeth to the participants. The data of the 602 questionnaires showed the number of people who responded to each question and the nature of the response. The data obtained was tabulated and statistical analysis was done using SPSS software. While P value <0.05 was considered statistically significant, the chi-square test was applied to investigate the correlation between the results and the educational level, geographical status and genders of the respondents.

RESULTS:

A total of 602 parents of school children aged between 3 years and 15 years in the Nilgiri district of Tamil Nadu, India were surveyed to ascertain the knowledge, attitude and practise of parents regarding the emergency management of avulsed teeth. Male respondents constituted to 52%(347) while the female respondents were 48%(255) of the surveyed group. Around two-third of the respondents reported to come from rural background. While 34% of the respondents came from non-literate background, 25% of the population received elementary school education and only 16% have received education of minimum higher secondary level. (TABLE 1)

Knowledge about reimplantation

When enquired about the knowledge of reimplantation of an avulsed tooth as an emergency measure, only 38% of the population believed in the possibility of reimplanting the avulsed tooth while more than half of the parents (61%) thought it was not possible (FIGURE 1). Only 21% of the respondents thought that reimplantation should be done immediately whereas 22% thought that it should be done once the bleeding stops (FIGURE 3). On enquiry about self reimplantation, 44% of them had shown the tendency in reimplanting the avulsed tooth in the socket by themselves (FIGURE 4).

Cleaning media and transport media

When enquired about what medium they would use to clean the avulsed tooth before putting it back in the socket, almost two-third of the respondents (64%) chose water as the appropriate medium (FIGURE 5). When asked about the ideal transport medium to carry the avulsed tooth to the dentist, 24% of the respondents believed that they would wrap the tooth in a paper or handkerchief (FIGURE 6).

Previous knowledge about dental avulsion

As per our survey, it was found that 86% of the respondents had not had any previous knowledge about the management of avulsed teeth (FIGURE 7). Among the remaining 14% who have received previous advice on the same, the main source of information was from books (37%) (FIGURE 8).

Attitude of parents

When asked about the necessity of saving an avulsed primary tooth, high fractions of the respondents(92%) agreed that it is important (FIGURE 9). Half of the respondents(54%) said that they would consult a local hospital when the accident occurs rather than doctors or dentists (FIGURE 10). Data also revealed that 84% of the respondents have a vested interest in receiving more information about the management of an avulsed tooth (FIGURE 11).

Previous experience with dental avulsion

Out of 64 parents(11%) who have reported with previous experience of dental trauma to their child, 16(25%) of them had suffered from dental avulsion and only 10 of them had reported to the dentist immediately with the tooth (FIGURE12)(FIGURE13).

Parents' gender, educational level, and residential locality

The level of knowledge with regard to emergency management of reimplantation of avulsed tooth was observed to be associated with gender of the parents, their educational level and residential locality. If $p < 0.05$ then statistically significant (TABLE 2)(TABLE 3)(TABLE 4).

DISCUSSION:

Questionnaires are an excellent tool to quantify and analyse large amounts of information collected from a population to compare and contrast with the findings of other researches and may be used as an excellent tool to measure change. We used a simple questionnaire comprising of questions which were categorized into parental knowledge, attitude and practise.

The prognosis for an avulsed teeth is improved by appropriate and timely treatment, which mostly depends upon the knowledge of non-professionals present at the site when the accident occurs before professional dental care can be provided[14]. Although numerous studies have been conducted in various countries examining the knowledge level of parents, caretakers, teachers and other school personnel (nurses, coaches, etc.) regarding appropriate emergency management measures of an avulsed tooth,[15][16][17][18][19] very few studies have examined parental knowledge of the subject in hilly regions. Therefore, this study aimed to assess the knowledge and attitudes of parents regarding the emergency management of avulsed permanent teeth in children in hilly regions because of more likeliness of the accident due to the rugged terrain and also the accessibility to health services for immediate management is meagre. No other study has been previously conducted in the Nilgiri district of Tamil Nadu, India.

In line with the findings of a similar study conducted in Chennai, [20] the present study found parents have a low level of knowledge regarding the emergency management of tooth avulsion. This can be explained by the fact that most parents had not received any prior information about the management of traumatic dental injuries. However one positive finding indicated that parents were unsatisfied with their level of knowledge of dental trauma management but were very keen and interested in learning more.

As per our survey, very few respondents said that it is possible to reimplant an avulsed tooth into the alveolar socket, which is in correspondence with previous research studies[18][19]. Their responses were in relation to the gender of the participants, with male respondents exhibited slightly higher level of awareness than their counterpart, and in relation to their educational qualification, parents who have completed their higher secondary education have higher knowledge. Also those from an urban background have a higher level of awareness.

Only less than half of the parents had shown tendency in reimplanting the avulsed tooth into the socket by themselves. Similar finding has been reported by few previous studies[16][17][18][19][20]. On the contrary, Raphael and Gregory[21] had reported that about two-third of participants in their study were willing for attempting self-reimplantation of the tooth. Lack of knowledge, fear to hurt the child, and the perceived association between bleeding and death seems to have parents to show hesitation from reimplanting the avulsed tooth[15][16].

The prognosis of a reimplanted avulsed tooth is directly correlated to the amount of viable periodontal membrane[21]. Minimal extra-alveolar dry time, adequate storage methods, and appropriate transport medium, along with minimal damage to the root surface and periodontal ligament are considered as the triad of factors which contributes to a desirable prognosis[22][23][24]. According to Andreasen and Hjørtting-Hansen[25], teeth that were reimplanted within 30 minutes are entailed with a success rate of 90%, while only 5 % chance of long-term retention are entailed to those that were reimplanted after 2 hours. Andersson and Bodin[26] have further stated that the prognosis of reimplanted tooth is largely determined within the first 15 minutes after avulsion. This indicates that immediate reimplantation is of absolute necessity in order to attain a propitious sequel of the reimplanted tooth. As per our survey, only one-fifth of the parents have opted for immediate reimplantation.

Lack of knowledge regarding an appropriate cleaning medium to be used for cleaning contaminated tooth has been reported by studies conducted in Kuwait[19] and Cairo[15]. In the present study, only a scanty of respondents had stated that they would clean a soiled avulsed tooth using milk. A total of 64% of the respondents have opted plain water, which is followed closely by salt water (22%).

Several studies [16][17][19][21][22] have demonstrated a generally poor knowledge about transport media of choices. In our study majority of the parents reported that they would wrap the tooth in a paper or handkerchief while transporting to a dentist. Dry storage of the tooth will allow irreversible desiccation of the periodontal membrane, resulting in the loss of the reimplanted tooth over time as well [26][27][28]. According to previous studies[19][21], ice water was opted the most as an ideal transport medium. It was believed that the fact of ice water being chosen the most was due to lay people's perception of the ability of low temperature in maintaining freshness of the items. People should be educated at large that water should never be used as storage medium due to its hypotonicity. It causes rapid lysis of the periodontal ligament cells, and hence, tremendously jeopardizing the prognosis of reimplantation [26][27]. According to previous studies, Hank's Balanced Salt Solution (HBSS, Save-A-Tooth) [29][30][31], propolis[32][33][34], green tea extracts[35], milk and tender coconut water (as alternatives)[36][37][38][39] have been proven to be the very effective storage media.

When the respondents were enquired if they have previously received any information about how to manage an avulsed permanent tooth, only 14% of them have given a positive response. This finding did not have any correlation with the educational background of the participants. Similar findings were reported by Shashikiran *et al.*, [40]. This clearly indicates the lack of programs which create public awareness regarding the emergency management of avulsed tooth.

Despite the fact that more than half of the participants doubted on the possibility of reimplanting an avulsed tooth, significant number of parents agreed with the necessity to save an avulsed permanent tooth. This showed that the participating parents demonstrated a positive attitude toward the saving an avulsed tooth in spite of having a low level of awareness in how to save it.

In the event of dental avulsion, more than half of the participating parents would seek medical assistance from local hospitals instead of doctors or dentists. This is in agreement with a study conducted in Davangere[40] and Nigeria[41]. Shashikiran *et al.*, [40] have stated that most rural parents would send their child to a doctor or a nearby hospital instead of dentist, due to the lack of access to dental clinic in their residential areas. However, it was also noticed that parents' seeking for first help was determined significantly by the residential area of parents as more parents of urban background have preferred seeking assistance from dentist.

Among 64 parents whose child has experienced luxative dental trauma, avulsion injury was observed in 16 (25%) children. It was alarming to know that 37% of the parents did not attempt to retrieve the tooth. Parents should be made to understand that it is important to retrieve the avulsed tooth not only for reimplanting the tooth

but also to be certain of the tooth not being swallowed or aspirated by the child during the accident[42]. In our study, only 4 parents have brought their child to a dentist immediately with the tooth in moist condition. This finding has reflected that most of the parents were not aware of the "time factor" being the most crucial factor in determining a successful prognosis[43].

Intervention program should be developed targeting parents, so that unnecessary loss of permanent tooth due to avulsion injury can be avoided and the tooth be retained in function for life. Integration of parental awareness can be achieved by different means. Elderly preferred television as the source of information the most. On the contrary, younger generation and population with higher educational level have opted for internet as their most preferred source. A lecture of 30-min duration[44] and distribution of a simple leaflet[45] were found to have significantly increased the knowledge level. Hence, educational programs and awareness camps should be developed for parents, teachers, caretakers, sports coaches, nurses and even general physicians to educate them about the proper measures to be taken in the scenario of a dental accident. Thus it would be beneficial to the society on a large scale if such programs are developed.

CONCLUSION:

Majority of the parents were lacking knowledge required for the emergency measures to manage avulsed teeth. However high fractions of the participating population were interested towards receiving more advice on the same.

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FIGURE 1:

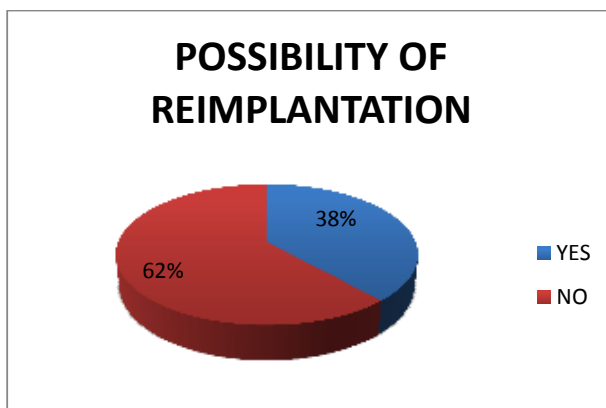


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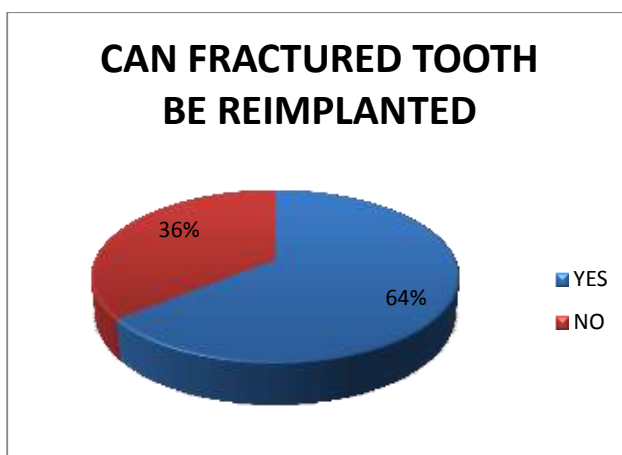


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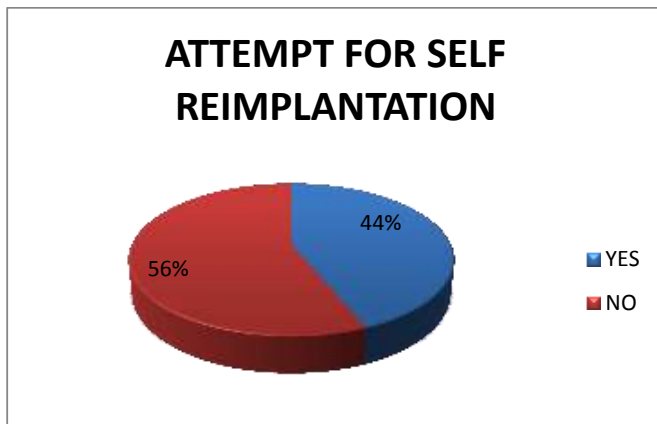


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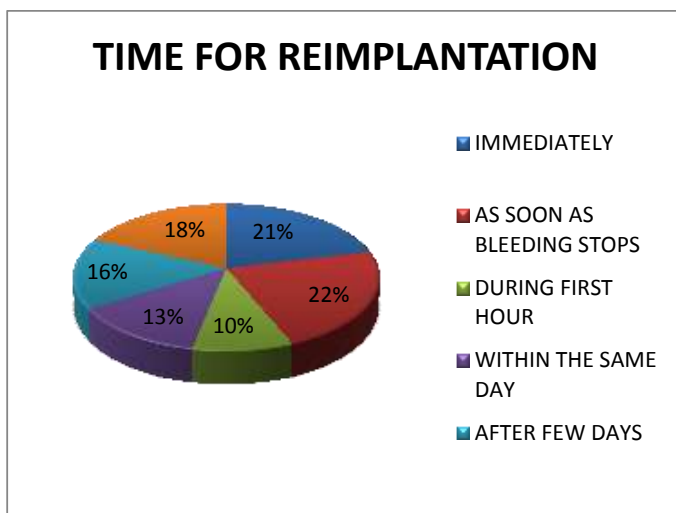


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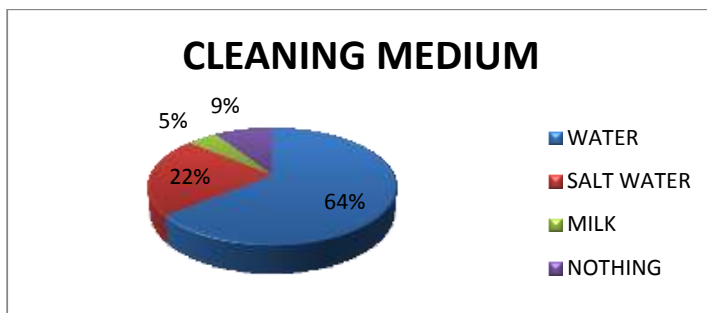


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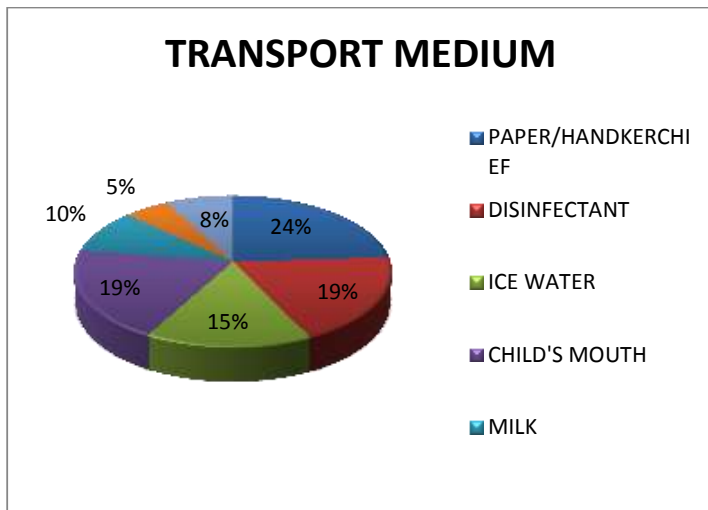


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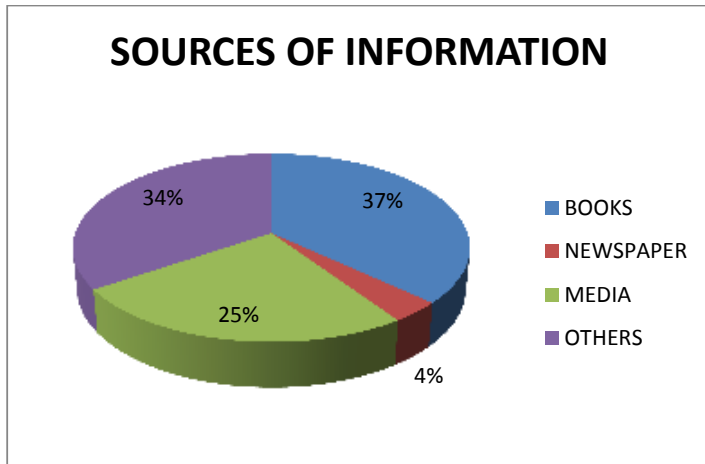


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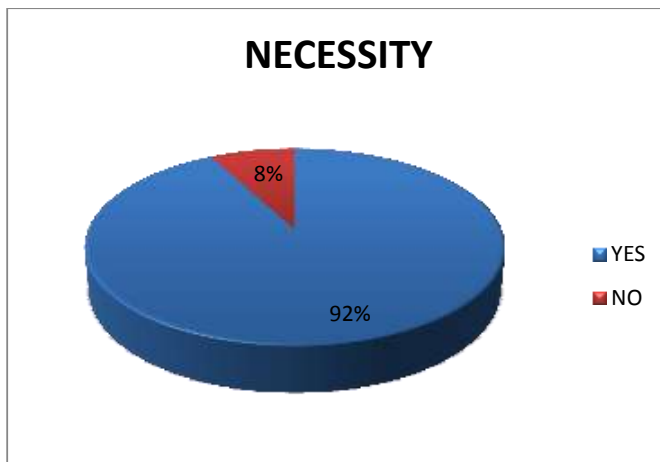


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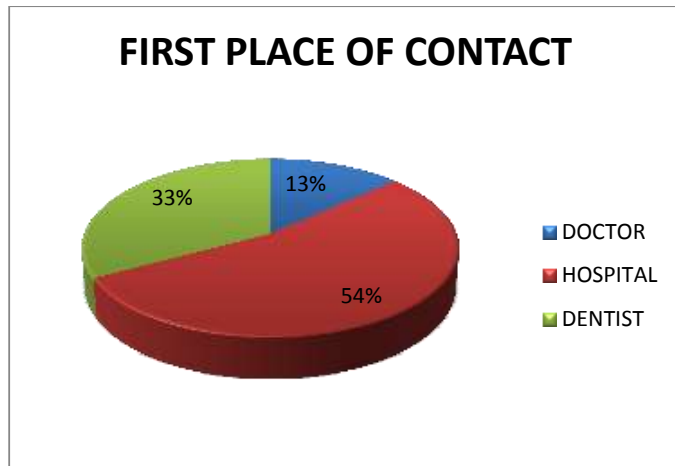


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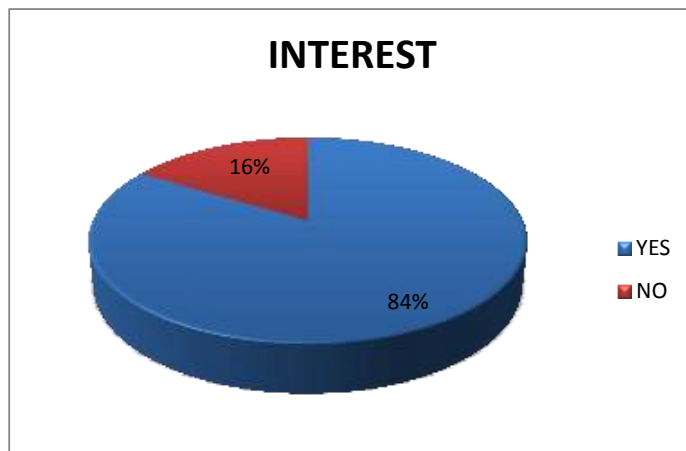


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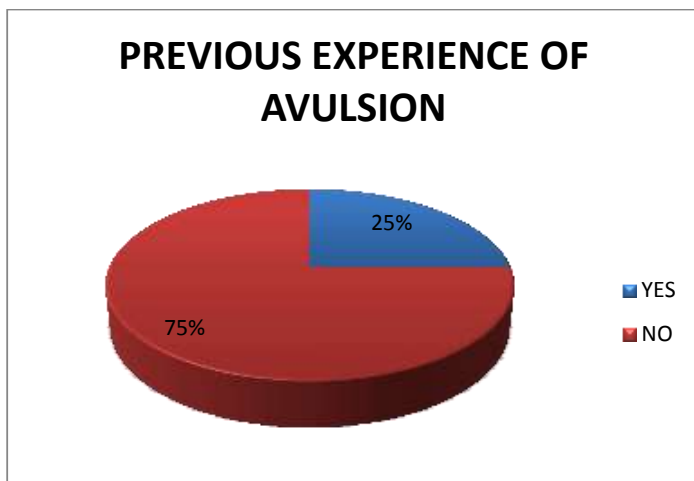


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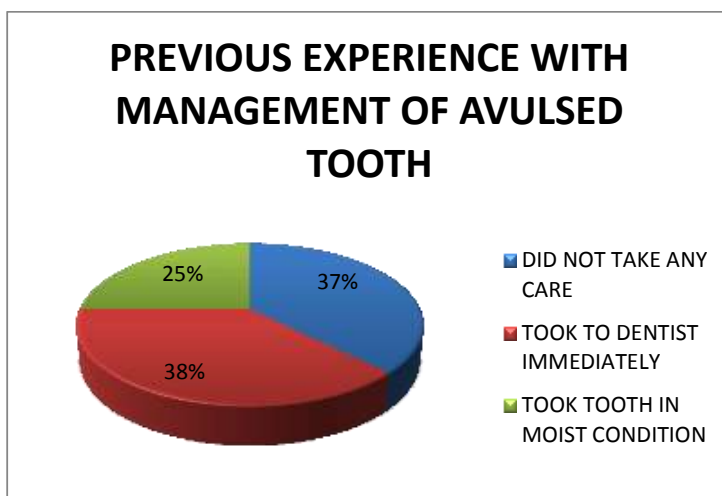


TABLE 1:

| Variables | Answers | N | % |
|---------------------------|------------------|-----|------|
| Gender | Male | 347 | 57.6 |
| | Female | 255 | 42.4 |
| Educational qualification | Illiterate | 207 | 34.4 |
| | Elementary | 156 | 25.9 |
| | Higher secondary | 140 | 23.3 |

| | | | |
|-----------------|------------------------|-----|-------|
| | Above higher secondary | 99 | 16.4 |
| Address | Rural | 375 | 62.3 |
| | Urban | 227 | 37.7 |
| Occupation | Self employed | 83 | 13.8 |
| | Professional | 67 | 11.1 |
| | Semi professional | 76 | 12.6 |
| | Skilled | 129 | 21.4 |
| | Semi skilled | 116 | 19.3 |
| | Unskilled | 55 | 9.1 |
| | Unemployed | 76 | 12.6 |
| No. Of children | 1 | 146 | 24.3 |
| | 2 | 305 | 50.7 |
| | 3 | 139 | 23.1 |
| | 4 | 12 | 2.0 |
| | Total | 602 | 100.0 |
| Gender of child | Male | 285 | 47.3 |
| | Female | 317 | 52.7 |

TABLE 2:

| Questions | Answers | Educational qualification | | | | | | | | | | Chi-Square value | P-Value |
|---------------------------------|---------|---------------------------|------|------------|------|------------------|------|------------------------|------|-------|-------|------------------|---------|
| | | Illiterate | | Elementary | | Higher secondary | | Above higher secondary | | Total | | | |
| | | N | % | N | % | N | % | N | % | N | % | | |
| K1. Possibility of replantation | Yes | 66 | 11.0 | 62 | 10.3 | 43 | 7.1 | 60 | 10.0 | 231 | 38.4 | 27.976 | <0.001 |
| | No | 141 | 23.4 | 94 | 15.6 | 97 | 16.1 | 39 | 6.5 | 371 | 61.6 | | |
| | Total | 207 | 34.4 | 156 | 25.9 | 140 | 23.3 | 99 | 16.4 | 602 | 100.0 | | |
| K2. Can | Yes | 43 | 18.6 | 44 | 19.0 | 21 | 9.1 | 41 | 17.7 | 148 | 64.1 | 6.271 | 0.099 |

| | | | | | | | | | | | | | |
|---------------------------------|---|-----|------|-----|------|-----|------|----|------|-----|-------|--------|--------|
| fractured tooth be replanted | No | 23 | 10.0 | 18 | 7.8 | 22 | 9.5 | 19 | 8.2 | 83 | 35.9 | | |
| | Total | 66 | 28.6 | 62 | 26.8 | 43 | 18.6 | 60 | 26.0 | 231 | 100.0 | | |
| K3. Self replantation | Yes | 16 | 6.9 | 28 | 12.1 | 30 | 13.0 | 27 | 11.7 | 101 | 43.7 | 11.889 | 0.002 |
| | No | 50 | 21.6 | 34 | 14.7 | 13 | 5.6 | 33 | 14.3 | 130 | 56.3 | | |
| | Total | 66 | 28.6 | 62 | 26.8 | 43 | 18.6 | 60 | 26.0 | 231 | 100.0 | | |
| K4. Time of replantation | Immediately | 11 | 4.8 | 12 | 5.2 | 12 | 5.2 | 14 | 6.1 | 49 | 21.2 | 22.296 | <0.001 |
| | As soon as the bleeding has stopped | 17 | 7.4 | 16 | 6.9 | 11 | 4.8 | 8 | 3.5 | 52 | 22.5 | | |
| | During first hour | 8 | 3.5 | 5 | 2.2 | 4 | 1.7 | 5 | 2.2 | 22 | 9.5 | | |
| | Within the same day | 7 | 3.0 | 8 | 3.5 | 5 | 2.2 | 10 | 4.3 | 30 | 13.0 | | |
| | After few days | 9 | 3.9 | 9 | 3.9 | 6 | 2.6 | 12 | 5.2 | 36 | 15.6 | | |
| | When visiting dentist | 14 | 6.1 | 12 | 5.2 | 5 | 2.2 | 11 | 4.8 | 42 | 18.2 | | |
| | Total | 66 | 28.6 | 62 | 26.8 | 43 | 18.6 | 60 | 26.0 | 231 | 100.0 | | |
| K5. Cleaning media | Water | 39 | 16.9 | 37 | 16.0 | 31 | 13.4 | 41 | 17.8 | 148 | 64.1 | 3.800 | 0.709 |
| | Salt water | 13 | 5.6 | 14 | 6.1 | 10 | 4.3 | 14 | 6.1 | 51 | 22.1 | | |
| | Milk | 5 | 2.2 | 2 | 0.9 | 1 | 0.4 | 3 | 1.3 | 11 | 4.8 | | |
| | Nothing | 9 | 3.9 | 9 | 3.9 | 1 | 0.4 | 2 | 0.9 | 21 | 9.1 | | |
| | Total | 66 | 28.6 | 62 | 26.8 | 43 | 18.6 | 60 | 26.0 | 231 | 100.0 | | |
| K6. Transport medium | Paper/ handkerchief | 19 | 8.2 | 17 | 7.3 | 8 | 3.5 | 11 | 4.8 | 55 | 24.0 | 4.461 | 0.200 |
| | Disinfectant solution | 10 | 4.3 | 11 | 4.8 | 10 | 4.3 | 13 | 5.6 | 44 | 18.8 | | |
| | Ice water | 12 | 5.2 | 10 | 4.3 | 6 | 2.6 | 7 | 3.0 | 35 | 15.2 | | |
| | Child's mouth | 11 | 4.8 | 14 | 6.1 | 8 | 3.5 | 12 | 5.2 | 45 | 19.5 | | |
| | Milk | 4 | 1.7 | 5 | 2.2 | 4 | 1.7 | 9 | 3.9 | 22 | 9.5 | | |
| | Fruit juice | 3 | 1.3 | 1 | 0.4 | 3 | 1.3 | 3 | 1.3 | 10 | 5.2 | | |
| | Saline solution | 7 | 3.0 | 4 | 1.7 | 2 | 0.9 | 5 | 2.2 | 18 | 7.8 | | |
| | Total | 66 | 28.6 | 62 | 26.8 | 43 | 18.6 | 60 | 26.0 | 231 | 100.0 | | |
| K7. Previous knowledge | Yes | 31 | 5.1 | 17 | 2.8 | 19 | 3.2 | 17 | 2.8 | 84 | 14.0 | 2.265 | 0.519 |
| | No | 176 | 29.2 | 139 | 23.1 | 121 | 20.1 | 82 | 13.6 | 518 | 86.0 | | |

| | | | | | | | | | | | | | |
|--|-----------------------------|-----|------|-----|------|-----|------|----|------|-----|-------|--------|--------|
| | Total | 207 | 34.4 | 156 | 25.9 | 140 | 23.3 | 99 | 16.4 | 602 | 100.0 | | |
| K7 Sources of information | Books | 5 | 6.0 | 8 | 9.5 | 8 | 9.5 | 10 | 11.9 | 31 | 36.9 | 2.251 | 0.520 |
| | News paper | 1 | 1.2 | 0 | 0 | 0 | 0 | 2 | 2.4 | 3 | 3.6 | | |
| | Media | 9 | 10.7 | 9 | 10.7 | 2 | 2.4 | 1 | 1.2 | 21 | 25.0 | | |
| | Others | 16 | 19.0 | 0 | 0 | 9 | 10.7 | 4 | 4.8 | 29 | 34.5 | | |
| | Total | 31 | 36.9 | 17 | 20.2 | 19 | 22.6 | 17 | 20.2 | 84 | 100.0 | | |
| A1. Necessity | Yes | 190 | 31.6 | 144 | 23.9 | 132 | 21.9 | 89 | 14.8 | 555 | 92.2 | 1.626 | 0.654 |
| | No | 17 | 2.8 | 12 | 2.0 | 8 | 1.3 | 10 | 1.7 | 47 | 7.8 | | |
| | Total | 207 | 34.4 | 156 | 25.9 | 140 | 23.3 | 99 | 16.4 | 602 | 100.0 | | |
| A2. First place of contact | Doctor | 23 | 3.8 | 23 | 3.8 | 11 | 1.8 | 23 | 3.8 | 80 | 13.3 | 19.536 | 0.003 |
| | Hospital | 114 | 18.9 | 73 | 12.1 | 90 | 15.0 | 47 | 7.8 | 324 | 53.8 | | |
| | Dentist | 70 | 11.6 | 60 | 10.0 | 39 | 6.5 | 29 | 4.8 | 198 | 32.9 | | |
| | Total | 207 | 34.4 | 156 | 25.9 | 140 | 23.3 | 99 | 16.4 | 602 | 100.0 | | |
| A3. Interest | Yes | 188 | 31.2 | 131 | 21.8 | 119 | 19.8 | 66 | 11.0 | 504 | 83.7 | 28.959 | <0.001 |
| | No | 19 | 3.2 | 25 | 4.2 | 21 | 3.5 | 33 | 5.5 | 98 | 16.3 | | |
| | Total | 207 | 34.4 | 156 | 25.9 | 140 | 23.3 | 99 | 16.4 | 602 | 100.0 | | |
| P1. Previous luxative injury | Yes | 20 | 3.3 | 20 | 3.3 | 16 | 2.7 | 8 | 1.3 | 64 | 10.6 | 1.763 | 0.623 |
| | No | 187 | 31.1 | 136 | 22.6 | 124 | 20.6 | 91 | 15.1 | 538 | 89.4 | | |
| | Total | 207 | 34.4 | 156 | 25.9 | 140 | 23.3 | 99 | 16.4 | 602 | 100.0 | | |
| P2 Previous avulsion | Yes | 3 | 4.7 | 6 | 9.4 | 2 | 3.1 | 5 | 7.8 | 16 | 25.0 | 7.635 | 0.042 |
| | No | 17 | 26.6 | 14 | 21.9 | 14 | 21.9 | 3 | 4.7 | 48 | 75.0 | | |
| | Total | 20 | 31.3 | 20 | 31.3 | 16 | 25.0 | 8 | 12.5 | 64 | 100.0 | | |
| P3. Previous management of avulsed tooth | Did not take any care | 1 | 6.3 | 2 | 12.5 | 1 | 6.3 | 2 | 12.5 | 6 | 37.5 | 2.075 | 0.999 |
| | Took to dentist immediately | 1 | 6.3 | 2 | 12.5 | 1 | 6.3 | 2 | 12.5 | 6 | 37.5 | | |
| | Took in moist conditions | 1 | 6.3 | 2 | 12.5 | 0 | .0 | 1 | 6.3 | 4 | 25.0 | | |
| | Total | 3 | 18.8 | 6 | 37.5 | 2 | 12.5 | 5 | 31.3 | 16 | 100.0 | | |
| P4. Immediate dental visit | Yes | 2 | 12.5 | 4 | 25.0 | 1 | 6.3 | 3 | 18.8 | 10 | 62.5 | 0.790 | 0.999 |
| | No | 1 | 6.3 | 2 | 12.5 | 1 | 6.3 | 2 | 12.5 | 6 | 37.5 | | |
| | Total | 3 | 18.8 | 6 | 37.5 | 2 | 12.5 | 5 | 31.3 | 16 | 100.0 | | |

TABLE 3:

| Questions | Answers | Address | | | | | | Chi-Square value | P-Value |
|--------------------------------------|-------------------------------------|---------|------|-------|------|-------|-------|------------------|---------|
| | | Rural | | Urban | | Total | | | |
| | | N | % | N | % | N | % | | |
| K1. Possibility | Yes | 111 | 18.4 | 120 | 19.9 | 231 | 38.4 | 32.361 | <0.001 |
| | No | 264 | 43.9 | 107 | 17.8 | 371 | 61.6 | | |
| | Total | 375 | 62.3 | 227 | 37.7 | 602 | 100.0 | | |
| K2. Can fractured tooth be replanted | Yes | 66 | 28.1 | 82 | 36.6 | 148 | 64.1 | 2.510 | 0.113 |
| | No | 45 | 19.1 | 38 | 16.2 | 83 | 35.9 | | |
| | Total | 111 | 47.2 | 120 | 52.8 | 231 | 100.0 | | |
| K3. Self replantation | Yes | 45 | 19.6 | 56 | 24.1 | 101 | 43.7 | 2.621 | 0.438 |
| | No | 66 | 27.6 | 64 | 28.7 | 130 | 56.3 | | |
| | Total | 111 | 47.2 | 120 | 52.8 | 231 | 100.0 | | |
| K4. Time of replantation | Immediately | 20 | 8.7 | 29 | 12.6 | 49 | 21.2 | 10.299 | 0.005 |
| | As soon as the bleeding has stopped | 31 | 13.4 | 21 | 9.1 | 52 | 22.5 | | |
| | During first hour | 14 | 6.1 | 8 | 3.5 | 22 | 9.5 | | |
| | Within the same day | 10 | 4.3 | 20 | 8.7 | 30 | 13.0 | | |
| | After few days | 20 | 8.7 | 16 | 6.9 | 36 | 15.6 | | |
| | When visiting dentist | 16 | 6.9 | 26 | 11.3 | 42 | 18.2 | | |
| | Total | 111 | 47.2 | 120 | 52.8 | 231 | 100.0 | | |
| K5. Cleaning media | Water | 62 | 26.8 | 86 | 37.2 | 148 | 64.1 | 2.424 | 0.470 |
| | Salt water | 31 | 13.4 | 20 | 8.7 | 51 | 22.1 | | |
| | Milk | 3 | 1.3 | 8 | 3.5 | 11 | 4.8 | | |
| | Nothing | 15 | 6.5 | 6 | 2.6 | 21 | 9.1 | | |
| | Total | 111 | 47.2 | 120 | 52.8 | 231 | 100.0 | | |
| K6. Transport medium | Paper/handkerchief | 38 | 16.5 | 17 | 7.4 | 55 | 24.0 | 2.344 | 0.467 |
| | Disinfectant solution | 20 | 8.7 | 24 | 10.1 | 44 | 18.8 | | |
| | Ice water | 19 | 8.2 | 16 | 6.9 | 35 | 15.2 | | |

| | | | | | | | | | |
|--|-----------------------------|-----|------|-----|------|-----|-------|-------|-------|
| | Child's mouth | 15 | 6.5 | 30 | 13.0 | 45 | 19.5 | | |
| | Milk | 10 | 4.3 | 12 | 5.2 | 22 | 9.5 | | |
| | Fruit juice | 5 | 2.2 | 5 | 2.2 | 10 | 5.2 | | |
| | Saline solution | 4 | 1.7 | 14 | 6.1 | 18 | 7.8 | | |
| | Total | 111 | 47.2 | 120 | 52.8 | 231 | 100.0 | | |
| K7. Previous knowledge | Yes | 57 | 9.5 | 27 | 4.5 | 84 | 14.0 | 1.287 | 0.257 |
| | No | 318 | 52.8 | 200 | 33.2 | 518 | 86.0 | | |
| | Total | 375 | 62.3 | 227 | 37.7 | 602 | 100.0 | | |
| K7 Source of information | Books | 12 | 14.2 | 19 | 22.6 | 31 | 36.9 | 2.251 | 0.580 |
| | News paper | 2 | 2.4 | 1 | 1.2 | 3 | 3.6 | | |
| | Media | 15 | 17.9 | 6 | 7.1 | 21 | 25.0 | | |
| | Others | 28 | 33.3 | 1 | 1.2 | 29 | 34.5 | | |
| | Total | 57 | 67.9 | 27 | 32.1 | 84 | 100.0 | | |
| A1. Necessity | Yes | 345 | 57.3 | 210 | 34.9 | 555 | 92.2 | 0.051 | 0.821 |
| | No | 30 | 5.0 | 17 | 2.8 | 47 | 7.8 | | |
| | Total | 375 | 62.3 | 227 | 37.7 | 602 | 100.0 | | |
| A2. First place of contact | Doctor | 44 | 7.3 | 36 | 6.0 | 80 | 13.3 | 7.546 | 0.023 |
| | Hospital | 218 | 36.2 | 106 | 17.6 | 324 | 53.8 | | |
| | Dentist | 113 | 18.8 | 85 | 14.1 | 198 | 32.9 | | |
| | Total | 375 | 62.3 | 227 | 37.7 | 602 | 100.0 | | |
| A3. Interest | Yes | 301 | 50.0 | 203 | 33.7 | 504 | 83.7 | 8.707 | 0.003 |
| | No | 74 | 12.3 | 24 | 4.0 | 98 | 16.3 | | |
| | Total | 375 | 62.3 | 227 | 37.7 | 602 | 100.0 | | |
| P1. Previous luxative injury | Yes | 47 | 7.8 | 17 | 2.8 | 64 | 10.6 | 3.787 | 0.052 |
| | No | 328 | 54.5 | 210 | 34.9 | 538 | 89.4 | | |
| | Total | 375 | 62.3 | 227 | 37.7 | 602 | 100.0 | | |
| P2. Previous avulsion | Yes | 13 | 20.3 | 3 | 4.7 | 16 | 25.0 | 2.032 | 0.525 |
| | No | 34 | 53.1 | 14 | 21.9 | 48 | 75.0 | | |
| | Total | 47 | 73.4 | 17 | 26.6 | 64 | 100.0 | | |
| P3. Previous management of avulsed tooth | Did not take any care | 5 | 31.3 | 1 | 6.3 | 6 | 37.5 | 0.606 | 0.999 |
| | Took to dentist immediately | 5 | 31.3 | 1 | 6.3 | 6 | 37.5 | | |
| | Took in moist conditions | 3 | 18.8 | 1 | 6.3 | 4 | 25.0 | | |

| | | | | | | | | | |
|----------------------------|-------|----|------|---|------|----|-------|-------|-------|
| | Total | 13 | 81.3 | 3 | 18.8 | 16 | 100.0 | | |
| P4. Immediate dental visit | Yes | 8 | 50.0 | 2 | 12.5 | 10 | 62.5 | 0.606 | 0.999 |
| | No | 5 | 31.3 | 1 | 6.3 | 6 | 37.5 | | |
| | Total | 13 | 81.3 | 3 | 18.8 | 16 | 100.0 | | |

TABLE 4:

| Questions | Answers | Gender | | | | | | Chi-Square value | P-Value |
|--------------------------------------|-------------------------------------|--------|------|--------|------|-------|-------|------------------|---------|
| | | Male | | Female | | Total | | | |
| | | N | % | N | % | N | % | | |
| K1. Possibility | Yes | 129 | 21.4 | 102 | 16.9 | 231 | 38.4 | 0.496 | 0.481 |
| | No | 218 | 36.2 | 153 | 25.4 | 371 | 61.6 | | |
| | Total | 347 | 57.6 | 255 | 42.4 | 602 | 100.0 | | |
| K2. Can fractured tooth be replanted | Yes | 83 | 35.3 | 65 | 29.4 | 148 | 64.1 | 0.014 | 0.904 |
| | No | 46 | 19.6 | 37 | 15.7 | 83 | 35.9 | | |
| | Total | 129 | 54.9 | 102 | 45.1 | 231 | 100.0 | | |
| K3. Self replantation | Yes | 54 | 23.4 | 47 | 20.3 | 101 | 43.7 | 0.002 | 0.119 |
| | No | 48 | 31.5 | 55 | 24.8 | 103 | 56.3 | | |
| | Total | 129 | 54.9 | 102 | 45.1 | 231 | 100.0 | | |
| K4. Time of replantation | Immediately | 25 | 10.8 | 24 | 10.4 | 49 | 21.2 | 0.005 | 0.132 |
| | As soon as the bleeding has stopped | 20 | 8.7 | 32 | 13.9 | 52 | 22.5 | | |
| | During first hour | 15 | 6.5 | 7 | 3.0 | 22 | 9.5 | | |
| | Within the same day | 21 | 9.1 | 9 | 3.9 | 30 | 13.0 | | |
| | After few days | 16 | 6.9 | 20 | 8.7 | 36 | 15.6 | | |
| | When visiting dentist | 32 | 13.9 | 10 | 4.3 | 42 | 18.2 | | |
| | Total | 129 | 54.9 | 102 | 45.1 | 231 | 100.0 | | |
| K5. Cleaning media | Water | 89 | 38.5 | 59 | 25.6 | 148 | 64.1 | 2.424 | 0.470 |
| | Salt water | 22 | 9.5 | 29 | 12.6 | 51 | 22.1 | | |
| | Milk | 3 | 1.1 | 8 | 3.5 | 11 | 4.8 | | |
| | Nothing | 15 | 6.5 | 6 | 2.5 | 21 | 9.1 | | |
| | Total | 129 | 54.9 | 102 | 45.1 | 231 | 100.0 | | |

| | | | | | | | | | |
|------------------------------|-----------------------|-----|------|-----|------|-----|-------|-------|-------|
| K6. Transport medium | Paper/handkerchief | 31 | 13.4 | 23 | 10.0 | 55 | 24.0 | 2.254 | 0.547 |
| | Disinfectant solution | 23 | 10.0 | 21 | 9.1 | 44 | 18.8 | | |
| | Ice water | 21 | 9.1 | 14 | 6.1 | 35 | 15.2 | | |
| | Child's mouth | 22 | 9.5 | 23 | 10.0 | 45 | 19.5 | | |
| | Milk | 9 | 3.9 | 13 | 5.6 | 22 | 9.5 | | |
| | Fruit juice | 6 | 2.6 | 4 | 1.7 | 10 | 5.2 | | |
| | Saline solution | 17 | 7.4 | 1 | 0.4 | 18 | 7.8 | | |
| | Total | 129 | 54.9 | 102 | 45.1 | 231 | 100.0 | | |
| K7. Previous knowledge | Yes | 52 | 8.6 | 32 | 5.3 | 84 | 14.0 | 0.727 | 0.394 |
| | No | 295 | 49.0 | 223 | 37.0 | 518 | 86.0 | | |
| | Total | 347 | 57.6 | 255 | 42.4 | 602 | 100.0 | | |
| K7 Source of information | Books | 15 | 17.9 | 16 | 19.0 | 31 | 36.9 | 2.422 | 0.452 |
| | News paper | 3 | 3.6 | 0 | 0.0 | 3 | 3.6 | | |
| | Media | 7 | 1.2 | 14 | 16.7 | 21 | 25.0 | | |
| | Others | 27 | 32.1 | 2 | 2.4 | 29 | 34.5 | | |
| | Total | 52 | 8.6 | 32 | 5.3 | 84 | 100.0 | | |
| A1. Necessity | Yes | 313 | 52.0 | 242 | 40.2 | 555 | 92.2 | 4.511 | 0.034 |
| | No | 34 | 5.6 | 13 | 2.2 | 47 | 7.8 | | |
| | Total | 347 | 57.6 | 255 | 42.4 | 602 | 100.0 | | |
| A2. First place of contact | Doctor | 36 | 6.0 | 44 | 7.3 | 80 | 13.3 | 9.348 | 0.009 |
| | Hospital | 203 | 33.7 | 121 | 20.1 | 324 | 53.8 | | |
| | Dentist | 108 | 17.9 | 90 | 15.0 | 198 | 32.9 | | |
| | Total | 347 | 57.6 | 255 | 42.4 | 602 | 100.0 | | |
| A3. Interest | Yes | 282 | 46.8 | 222 | 36.9 | 504 | 83.7 | 3.616 | 0.057 |
| | No | 65 | 10.8 | 33 | 5.5 | 98 | 16.3 | | |
| | Total | 347 | 57.6 | 255 | 42.4 | 602 | 100.0 | | |
| P1. Previous luxative injury | Yes | 37 | 6.1 | 27 | 4.5 | 64 | 10.6 | 0.001 | 0.977 |
| | No | 310 | 51.5 | 228 | 37.9 | 538 | 89.4 | | |
| | Total | 347 | 57.6 | 255 | 42.4 | 602 | 100.0 | | |
| P2.Previous avulsion | Yes | 10 | 15.6 | 6 | 9.4 | 16 | 25.0 | 0.192 | 0.662 |
| | No | 27 | 42.2 | 21 | 32.8 | 48 | 75.0 | | |
| | Total | 37 | 57.8 | 27 | 42.2 | 64 | 100.0 | | |

| | | | | | | | | | |
|--------------------------------|-----------------------------|----|------|---|------|----|-------|-------|-------|
| P3.Management of avulsed tooth | Did not take any care | 3 | 18.8 | 3 | 18.8 | 6 | 37.5 | 0.825 | 0.831 |
| | Took to dentist immediately | 4 | 25.0 | 2 | 12.5 | 6 | 37.5 | | |
| | Took in moist conditions | 3 | 18.8 | 1 | 6.3 | 4 | 25.0 | | |
| | Total | 10 | 62.5 | 6 | 37.5 | 16 | 100.0 | | |
| P4. Immediate dental visit | Yes | 7 | 43.8 | 3 | 18.8 | 10 | 62.5 | 0.102 | 0.607 |
| | No | 3 | 18.8 | 3 | 18.8 | 6 | 37.5 | | |
| | Total | 10 | 62.5 | 6 | 37.5 | 16 | 100.0 | | |

